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# MEDICAL EXAMINER,

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## ORIGINAL COMMUNICATIONS.

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### *Microscopical Observations of Tumors.* By JOHN H. BRINTON, of Philadelphia.

Cancer is to be met with in almost every portion of the human frame, we find it involving alike skin, mucous membrane, muscles, fibrous tissue, and nerve, and even deposited in the medullary cavities of the bones. If then the question be put, what are the elements of a cancerous tumor, the answer must be a general one: the cells of cancer infiltrated into the minute structure of any tissue. In examining therefore any suspected growth, it becomes necessary for us to bear constantly in mind the appearances presented by the part, not only in a state of health, but also when affected by any other disease, which may yet be foreign to cancer. Let us glance for a moment at the various kinds of cells which may meet the view of the microscopist in his pathological examinations, and which, unless the character of each be carefully studied, may easily be confounded with those of cancer. We have the epithelial cell, the fusiform and the car-

tilage cell, the compound granular cell as described by Bennett, fat vesicles, glandular cells, and the pus cell. The difference between these various cells, and those of cancer, will be described as they present themselves in each case. We have already seen in case number two, (in the preceding number of this Journal,) the fusiform corpuscle as met with, when going to the formation of fibres, and in the same case we have also represented the fat vesicles as they ordinarily appear.

How common is it to hear such remarks as the following from those who are called, to use a common phrase, "unbelievers in the microscope." "You say this is cancer; what is your standard of cancer, whence is it derived, and what are your data? Have you any? or has it been arbitrarily assumed, that this is cancer, and that is not?" Now these are natural questions, and should be answered. The only true and practical standard of cancer, is that deduced from the careful and continued examination of such cases whose malignancy is undoubted; those cases which destroy life, either directly, or by returning after repeated extirpation. Now it will be found, that all those who have made this subject practically their study, will, as the result of their own investigations, establish for themselves a standard of their own; and moreover, if the results of all experienced modern observers be compared together, it will be evident that although they may differ in minutiæ, they still agree on the main, important, and practical points. Cancerous tumors may be arranged for the convenience of study into three great classes; first, the scirrhus or hard cancer; second, the encephaloid or soft cancer; and third, the colloid or gelatiniform cancer; the first two forms seeming to differ from each other merely in the presence of a greater or less proportion of fibrous tissue; many fibres and few cells constituting scirrhus; few fibres and many cells forming encephaloid. Scirrhus can not be distinguished from fibrous tumors by the unassisted eye; in reality scirrhus is only a fibrous tumor, with one element superadded, and that element is the cells of cancer; the arrangement of these cells is peculiar, they may either be infiltrated between the fibres, or else be gathered together in cysts, as will be seen in the case about to be described.

In encephaloid, the cells are in great abundance; and in consequence, the proportionate absence of fibrous tissue, renders the

whole tumor much softer, approaching in truth as its name imports, to a brain-like consistency.

Schirrus and encephaloid may exist together, or rather scirrhus has a natural tendency to pass into encephaloid, by the more rapid developement of cells; so that we often find both of these forms of cancer united in one and the same tumor.

The synonymes of scirrhus are carcinomatous sarcoma, scirrhoma, fibrous cancer, and stone cancer; those of encephaloid, are medullary sarcoma, fungoid sarcoma, cerebriform cancer, soft cancer, spongy carcinoma, and many others too numerous to mention. While colloid cancer is described by writers as gelatiniform cancer, and areolar or gum cancer.

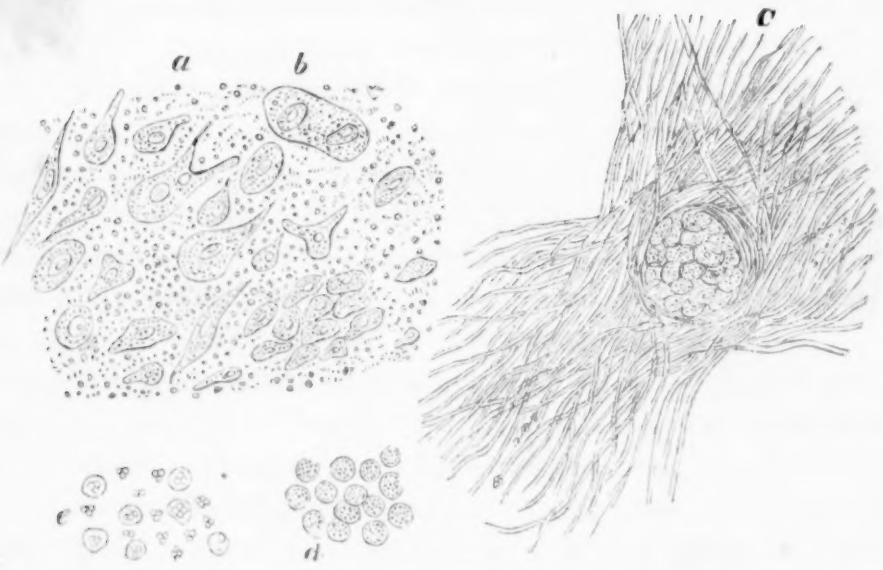
Of the whole class of cancers there are none that set more completely at defiance the skill of the surgeon, than those which are located in the uterus and ovaries; it is true that some years ago we had numerous French statistics of operations, which lessened much the mortality attending cases of carcinoma uteri; but further investigation sufficed to show that some error must have existed in the preparation of such statistics; and now, universally, cancers of the uterus are still considered as indomitable as before.

I have therefore selected the following case of carcinoma uteri, as one every way fitted to be the representative of a great class; it occurred in the practice of Dr. Bibighaus, of this city; who kindly furnished me with the specimen, and the following particulars.

Mrs. P., æt. 56, a widow, and the mother of several children; has been ill for several years, complaining of vague abdominal pains, feelings of lassitude, and all the other symptoms characteristic of uterine disease. During the year previous to her death, which took place in March last, the epigastric pains increased, becoming of a lancinating character; general derangement of the primæ viæ took place; the stomach sympathized to a marked degree with the uterus; constant vomiting occurred, and the patient finally sank. During all this period discharges of blood similar to the catameniæ occurred, although at irregular intervals. Upon post mortem examination, the thoracic organs were found healthy, as also were the intestines, liver, and kidneys, of both sides. The ovaries were enlarged, the fallopian

tube of the right side had ulcerated off from the uterus, while a considerable deposit had taken place in that of the left side; the fundus of the uterus was much enlarged, and on its posterior portion softened, and infiltrated with a thick viscid fluid, of a dirty brown color, which could easily be squeezed out, by making pressure between the fingers. The os uteri was open and distended, its margins ragged and ulcerated; the cavity of the uterus was also enlarged, and was filled with a thick, greenish, fluid, fetid pus. The upper portion of the vagina was much ulcerated.

Fig. 3.




*a.* Cancer cells from uterus magnified 200 diameters.
*b.* Parent cell.
*c.* Cyst in fibrous tissue, filled with cells.
*d.* Pus corpuscles.
*e.* Action of Acetic acid on same.

Upon squeezing out from the cut fundus uteri, a portion of the viscid fluid it contained, and submitting it to the microscope, I found it to present the appearance shown at figure 3; numerous cells were to be observed, varying greatly in their shape and size, some being round, some oval, and others broad and flat, with a swallow-tailed extremity; these cells were larger than those occurring in most cases of cancer, except in those of rapid developement, or in an advanced stage; they measure from the 1-900th to the 1-2000th part of an inch in diameter, and were all possessed of an oval nucleus about the 1-3500th part of an

inch in length, the nucleus varied however in proportion to the size of the cell; a number of the cells possessed in addition a nucleolus, appearing merely as a granule in the interior of the nucleus. These cells all floated as it were in a sea of granular matter. I observed also several parent cells, the mother cells of the German writers. (See *b*, fig. 3.) Two, three, four, and even more true cancer cells may often be distinguished in the interior of a parent cell. These mother cells are never met with except in cancers in an advanced state, or of rapid growth; by some they are supposed to split, so liberating the enclosed cancer cells. This, however, is merely an hypothesis, and has not yet been clearly proved. Many of the books lay down as a rule, that the parent cells which enclose in their interior the young, or daughter cells, are characteristic of encephaloid. Concerning this, Vögel, one of the earlier writers on this subject says, "that while he has not often seen these cells in other forms of cancer, still he cannot affirm that they always occur even in encephaloid." Upon examining the more solid parts of the fundus uteri, cysts filled with cancer cells were to be seen, occurring in the fibrous stroma of the uterus. (*c.*) These cysts were about the 1-500th part of an inch in diameter, and of about the same depth, and were formed by the interlacement of the fibres of the ordinary white fibrous tissue. The cells filling these cysts, could, when carefully examined, be seen to be possessed of nuclei. Compared with the other cells, they were however of small size, being only about the 1-2500th part of an inch in diameter.

At fig. 3, (*d*) I have represented the appearance of the pus cells, as met with in the cavity of the uterus. Pus is composed of two portions—pus corpuscles, or cells, and a liquor puris, resembling much the serum of the blood, in which the cells swim. The pus corpuscle varies in size, from the 1-2000th to the 1-3000th part of an inch in diameter, its medium size may be said to be about the 1-2500th part of an inch in diameter, that is about double the size of the corpuscle of the human blood; it is spherical, with a well defined and finely marked edge, and presents internally a granular appearance; by the addition of water the corpuscle increases in size, the water entering by endosmosis. Concentrated acetic acid dissolves instantly the cell wall, and brings into view a nucleus which is not visible in the corpuscle, unless

under chemical action; this nucleus consists of two, three or four granules apparently connected together, (*e*, fig. 3.) How, then, do we distinguish the pus corpuscle from the cancer cell? The first is always globular, granular, and, unless acted upon chemically, presents no nucleus, and this nucleus, when so obtained, is peculiar to pus, and characteristic; the cell of cancer is generally much larger than the pus cell, is not often round, varies much in its shape, and presents an oval nucleus. Pus is sometimes confounded with mucous, but it has always seemed to me that the corpuscles of mucus are much larger than those of pus; and the chemical action of acetic acid upon them is by no means so perfect; the mucous corpuscles have a tendency to collect together, forming conglomerate masses, and their outline is granular and less finely marked than is that of the pus cell. With ordinary care it is possible to distinguish them apart with a tolerable degree of certainty.

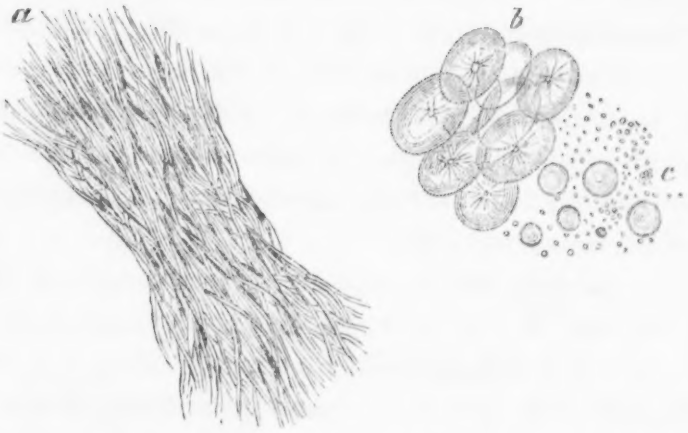
Case 4.—The history of this case, which was kindly furnished to me by Dr. Jno. Wilson Moore, in whose practice it occurred, is the following:

E. G. M., æt. 48, unmarried, had experienced for several months prior to last June, occasional pains in the right breast; about the commencement of that month, a hard lump could be felt on examination, which gradually enlarged until the early part of July, when it was removed by Dr. Pancoast. The wound healed kindly, and the patient is now entirely recovered.

The breast, when removed, was of a medium size, and seemed to consist of a hard fibrous tumor, enveloped in a thick layer of fat, presenting to the view internally numerous dense nodulated bodies, of an almost cartilaginous consistency, crunching under the knife when cut; several cysts were also seen filled with a thick, oily fluid, varying in color from a dirty brown to a purplish hue; these cysts were of different sizes, some being as large as a pea, and others double or treble that size. A section made completely through the tumor, from without, revealed the following structures: Next to the skin a thick layer of fat; then a hard, flattened, fibrous mass; then the dense nodulated bodies above alluded to; and lastly, a layer of tissue, somewhat hard in its character, and apparently fibrous, containing the cysts.

The layer of hardened tissue immediately subjacent to the superficial fascia, proved, when examined by the microscope, to be fibrous; the fibres interlacing closely one with another. By the addition of acetic acid the whole mass was rendered transparent, and scattered throughout might be seen numerous elongated oval nuclei, about the 1-1500th part of an inch in length, and about the 1-4000th part of an inch in breadth. (See fig. 4, *a*.)

Fig. 4.




*a*. Fibrous structure, showing oval nuclei from tumour of the breast, after the addition of acetic acid; magnified 220 diameters.

*b*. Fat vesicles, showing crystals of margaric acid.

*c*. Oil globules, and granular matter.

The nodulated masses presented the same fibrous appearance; no nuclei, however, could be detected even after the addition of acetic acid. The mass in which the cysts occurred, and which was situated directly above the great pectoral muscle, proved, upon examination, to be composed of merely condensed, adipose tissue; the fat vesicles being flattened, and arranged in laminæ, one upon another; giving the whole a somewhat fibrous appearance. Many of the fat vesicles contained crystalline, stellated nuclei, of margaric acid. (See fig. 4, *b*.) I use the term nuclei, although strictly speaking, it is hardly a proper expression, inasmuch as these crystals are deposited subsequently to the formation of the vesicle, and in reality have nothing whatever to do with the production of the walls of the cell. In some instances, the crystals seemed to be deposited on the external surface of

the cell wall. The cysts, which were filled with an oily fluid, were surrounded by fibrous walls, and I was not able to detect, after the most careful examination, any vestige of a secreting, lining, epithelial membrane. The contents of the cysts consisted chiefly of oil globules; but there was also a considerable quantity of granular matter. (Fig. 4, *c.*)

The substance of the mammary gland seemed to have been almost entirely absorbed; very few of the glandular cells could be detected, and those were situated only in the anterior portion of the breast; in this region the galactophorous tubes remained in a healthy condition.

An analogy has been pointed out by some of the late German pathologists, between cirrhosis of the liver, and that condition of the mammary gland which we have just seen, in which we have great and hypertrophic development of the fibrous sheath of the gland; this sheath covering not only the external surface, but also sending in throughout the whole gland, prolongations of thick membraneous fascia, permeating its substance in the same manner as the capsule of Glisson does that of the liver. The same causes acting upon analogous tissues, will produce like results; the development of a fibrous tumor causing atrophy and absorption, more or less complete, of either gland.

The occurrence of the peculiar oily cysts is a circumstance admitting of by no means an easy explanation. It is no uncommon thing to meet with cysts full of oily contents, formed by the dilatation of the galactophorous tubes; but this was not the case in this instance: here the cysts were situated at the deepest seated portion of the tumor, and were entirely insulated, and appeared to be destitute of any epithelial lining membrane. Is it not possible for these cysts to have been produced mechanically, by the pressure of a superincumbent fibrous mass, upon a layer of adipose tissue, resting against the anterior wall of the thorax, so causing the rupture of the fat vesicles, and allowing the free oil globules to escape? We know that such will be the case, if the fat vesicles be compressed under the field of the microscope, between two plates of glass; and it can easily be conceived possible, that sufficient pressure should be produced by the tension of the integuments, transmitted downwards, through a hard, resisting, fibrous tumor. And if we

add to this, the expansive force of a rapidly developing fibrous growth, it seems to me that we have causes quite sufficient to produce the results which in this case we have seen were effected.

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*Acetate of Lead in Epistaxis.* By D. H. Agnew, M. D., of Philadelphia.

During the month of November, 1850, I was called to see Mr. N., who, with the exception of a very short interval, had been bleeding from the nose for four hours. No probable cause could be ascribed for the attack. When I saw him first, the blood was flowing quite rapidly from the nostrils, showing no disposition to coagulate. He complained of a sense of tightness across the forehead (not amounting to pain.) The pulse, though small and quick, possessed a degree of firmness, which, taken together with other symptoms, induced me to believe the discharge to be dependent upon some temporary congestion of the vessels of the head. In accordance with this view of the case, the arm was tied up, and a quantity of blood, sufficiently large to make a decided impression upon the general system, abstracted; the head and shoulders elevated; cold applications to the former; a warm stimulating pediluvium, with directions to draw into the nostrils occasionally a solution of sulphate of zinc, and alum. This treatment, though it had the effect of diminishing for a short time the hemorrhage, failed entirely in arresting it, and before the lapse of an hour, the flow became as great as at the commencement of the attack. The patient now began to feel the loss of blood very much, the pulse failed, the face became pallid, and the nervous system excessively agitated. It was now proposed to plug the nostrils, preparatory to any other measures for relief, but to this the patient obstinately objected. At this time the acetate of lead was suggested, from its known efficacy in controlling hemorrhages from other parts. Ten grains were immediately administered in a little acetic acid, with directions to take a second powder, containing five grains, two hours and a half subsequently. Before the period came round for taking the second dose, the discharge had materially diminished, notwithstanding which it was given; and an hour following, it had entirely subsided. The rationale of its operation

seemed in this case to be beautifully and strikingly exemplified. The first effect was its sedative influence over the circulating system, apparent by the rapid diminution in the frequency of the pulse. Second, its sympathetic action, (as I believe,) through the medium of the nervous system upon the calibre of the capillary vessels of the Schneiderian membrane lining the nasal cavities, obvious in the diminution of the flow. And, lastly, its effect upon the sanguine fluid itself, by increasing its coagulability. As a remedy in the different forms of profluvia, its value is well known to the profession; yet we think more decided results would be obtained, were it administered in much larger doses than are usually recommended. I would not encourage the idea that caution in its use is unnecessary, though I do think the danger from its free employment greatly exaggerated. While writing, a case of uterine hemorrhage occurs to me, where a fifteen grains dose of the acetate of lead effectually arrested the discharge, and saved the patient's life, after the failure of every other resource, the lead among the rest, though exhibited in small doses. The precautionary measure of administering the article with acetic acid, has not been neglected; and perhaps it is by thus preventing its conversion into the carbonate, that no ill results have been witnessed. Seeing no similar therapeutical application of this agent, it is reported, in order that it may receive a further trial.

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*A New Method of Whitening Bones.* By ELLERSLIE WALLACE, M. D., Demonstrator of Anatomy in Jefferson Medical College, Philadelphia.

To the Editors of the Medical Examiner.

*Gentlemen,*—During the past year, I have used sulphuric ether for the purpose of extracting the greasy matters from bones of which I have desired to make preparations, and have uniformly found it entirely satisfactory. I have used it for entire skeletons where they have been of value.

Twenty-five or thirty pounds of ether (which can be obtained for 18 cts. per lb.,) is enough for a skeleton, if the bones be closely packed in a proper case. After pouring the ether on them until they

are entirely covered, they may be left for some hours, or a day; then removing them, they should be allowed to dry thoroughly. This process should be repeated as often as may be necessary.

Six immersions have been enough for a very greasy skeleton. It is prudent to wash the ether before using it, to remove free acid, and we may have the ether re-distilled after it is saturated with the oil. To morbid specimens, as of caries, &c., it is admirably adapted, as it removes the grease entirely, without injuring the delicate structure at all, which is not the case, as we all know, with any of the ordinary alkaline solutions.

Very truly, yours, ELLERSLIE WALLACE.

92 S. 11*th* St., *Nov.* 1*st*, 1851.

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*Microscopic Observations respecting Arterial and Capillary Circulation.* By J. H. WYTHES, M. D., of Paoli, Chester Co., Pennsylvania.

It will be readily acknowledged by most physiologists, that the movement of the blood in the capillaries, is to a great extent independent of the action of the heart, since it may continue after the cessation of the heart's action is affected by causes originating in the capillaries themselves, and is present in the vascular area before the development of the heart. The capillary vessels, however, exhibit no obvious movement when examined by the microscope; the blood passing through them in a continuous stream. Now as the only method in which the capillaries could influence the current of blood, is by a peristaltic or pulsatory motion, and as such motion is not observable in them, it seems probable either that their influence has been over-rated, or that the cause and manner of their operation is yet undiscovered.

The arteries, on the contrary, are known to possess both elasticity and contractility. The former of these properties is generally considered to be of a purely physical character, serving to convert the intermittent impulses the blood receives from the heart into a continuous current. The contractility of the middle arterial coat is thought to be a vital property, similar to muscular contractility. A modification of this force is termed tonicity, an

example of which is seen in the arrest of hemorrhage by the contraction ensuing on the division of an artery.

The pulsations of the arteries, however, have been regarded as caused by the alternate contraction and dilatation of the heart, and to be equalizing and retarding, rather than propulsive, in their influence on the vital current. Yet physiologists have been inclined to attribute some propulsive influence, supplementary to the heart's action, to the arterial coats. Dr. Carpenter remarks, "If the fibrous coat of the arteries is in some degree disposed to the alternate contraction and relaxation which are so remarkable in the heart, they *may* exert a force which shall be supplementary to that of the heart's impulse, relaxing to receive the blood from it, and contracting upon their contents, with a power superior to that by which they were distended. It is difficult to say whether or not this be the case, though there would certainly appear some evidence in favor of the supposition. The loss of the heart's power over the currents of blood, in proportion to their degree of subdivision, occasioned by the increased friction to which they will be subjected, would seem to require some compensating power, in order that the perfect equality of pressure may be obtained which has been spoken of as existing in all parts of the arterial system. In no other way than this can the fibrous coat of the arteries be regarded as having any propulsive power over their contents, except by a peristaltic or vermicular movement, resembling that which takes place in the alimentary canal; and of such there is no evidence whatever."

It is evident that Dr. Carpenter regards the contraction of an artery upon its contents, to be owing to the stimulus afforded by its distension with blood, which being expended, the vessel is ready to dilate to receive a new supply. The microscopic observation to which we are about to refer, leads the writer of this article to entertain a different view. It seems to be demonstrated by this that the pulsatory movement is a property residing in the arterial coats themselves, independent alike of the heart's action and the stimulus of the blood.

Having caught a mouse in a trap, (it was quite cold and stiff when taken out,) I was desirous of making some preparations of epithelium, &c. On taking out the kidneys it occurred to me to place a thin slice upon a slide for microscopic examination. The

slice was made quite through the middle of the kidney, and was about one-thirtieth of an inch in thickness, just thick enough to be translucent. On placing it under the microscope, one of the largest vessels was observed in active motion, alternately contracting and dilating, with evident vermicular contortions, communicating motion to the blood corpuscles in the capillaries for a considerable distance. The movement seemed limited to the artery, and was not communicated to the coats of the capillaries, although their contents had an oscillatory motion corresponding to the contents of the artery. The phenomenon was seen for about three hours, when the observation was suspended. The motion had then considerably diminished both in extent and energy.

I was at first inclined to attribute this activity to evaporation of the watery particles from the slide, but this is insufficient to account for the regular pulsatory character of the movement. It is therefore due, in all probability, to the vital pulsations of the coats of the artery. I have not had an opportunity since that time to repeat the experiment.

The only parallel case with which I am acquainted, is recorded in Hassall's Microscopic Anatomy, as follows:—"On one occasion, in examining the tongue of a frog, a portion of it broke away from the remainder; this I placed between two plates of glass, and submitted to examination, when, extraordinary to say, it was perceived that the circulation was still vigorously maintained in the majority of the vessels. Anxious to know how long this circulation would be continued, but fully expecting to see it cease every moment, myself and a friend, John Coppin, Esq., of Lincoln's Inn, watched it for upwards of an hour, at the end of which time the blood still flowed onwards in many of the vessels, with scarcely abated vigour, though in others, often the larger ones, the motion had altogether ceased. The mutilated portion of the tongue was then placed in water, in which it remained during the whole of the night; the next morning it was again examined, when it was found that a tolerably active circulation still existed in several of the smaller vessels. After this observation, the further examination of the fragment was abandoned."

These observations show:—1. That the pulsation of the arteries is a property residing in the coats of those vessels, which is independent of the heart's action, though supplementary to it;

and also independent of the stimulus arising from distension with blood.

2. That a peculiar propulsive force, in all probability, resides in the capillary vessels, of whose nature we are at present uninformed.

3. That one of the chief causes of the capillary circulation, is probably the pulsation of the arterial branches from which they spring.

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*Calomel in large doses as a Diuretic in Dropsies.* By Wm. H. McKee, M. D., of Raleigh, North Carolina.

In the treatment of dropsies, calomel has been considered from its earliest introduction into use, as a valuable adjuvant in combination with other remedies, but in no single instance am I aware that it is mentioned by writers as acting as a diuretic when given alone either in small or large doses. Its use in large doses is no new practice, for it has been given freely in the treatment of fever and cholera, and for its hydragogue, cathartic, sialogogue and deobstruent properties, it is well known. In combination with squills, nitre, and sometimes digitalis, it is a very popular mode of administration, and one that generally fulfils the indication for which it is prescribed; but there are cases in which it fails as well as the rest of the class of diuretics, and the physician is thrown back on his own resources for something more active and reliable. When such is the case, calomel in doses from forty to a hundred grains repeated for two or three nights successively, will certainly fulfil the most sanguine hopes, by not only freely purging, but by producing copious diuresis, and at the same time sedation, followed by sleep such as cannot be had from opium nor its preparations, with safety. During its action, gin or whiskey toddy may be freely used, should there be much prostration; but this is seldom the case, the stimulus only aiding the diuretic action. I have seen persons who were unable to lie down, for a week at a time, longer than a few moments, sleep well after the action of the first dose.

The usual mode of administration is to give fifty grains of calomel for three successive nights, and should it fail to produce the

desired effect, to wait for several days and repeat the calomel in eighty or a hundred grain doses, but in no instance that has come under my observation, have I ever known the fifty grain doses fail; and in but one case have I ever given a hundred grains. This was followed by free and copious purging at first, and in a short time by diuresis. It is not often that the first dose will act as a diuretic, but after the administration of the second its effects will be produced; the third dose I have never known to fail. During its action, it will, in some instances, produce violent emesis, and sometimes act as an emeto-cathartic; but this only facilitates its action, and no serious consequence may be apprehended. While using these doses, vinegar should be freely applied to the mouth and throat, so as to prevent its specific effect, and cold drinks of all kinds prohibited. Calomel given in the above doses is no more liable to produce its constitutional effect, than it is, when given in smaller ones. I have known one grain to produce salivation without accomplishing any good, but evidently harm. When the indication requires it, it should be used freely. As with quinine, we may produce ringing in the ears; and many contend that when this is the case, the specific effect is produced, and all is accomplished that may be expected of it. But this is known to be false. In the treatment of fever it is continued until the fever is subdued, without any detriment to the patient. So it is with the calomel in large doses in the treatment of dropsies. By using the necessary precaution, you can succeed in introducing into the system such quantities as will fulfil the indication, with no more danger than there is in giving smaller ones. When salivation is produced, it is as manageable as under any other form, and yields as promptly to the usual remedies. I do not recommend its use in these doses in all cases of dropsies, for many of them are merely functional, and the sequelæ of some acute disease, and readily yield to milder remedies; but it is in those cases where there may be hepatic and splenic derangement, when the ordinary remedies fail, that calomel may be relied upon, not only for its cathartic properties, but mainly for its diuretic action. So prompt is it in producing this effect, that I have known it to succeed in expelling the fluid where there was organic disease of both the heart and lungs. If the constitution of the patient is very delicate, for instance a female, doses of thirty to forty grains will

be large enough. I was called to see a lady about fifty years of age, who had been pronounced by her medical attendant to be in the last stage of hydrothorax; with cough; bloody expectoration; great dyspnœa; inability to lie down; general anasarca and distension of the abdomen; countenance anxious; tongue red, pointed and dry. She had taken a great variety of remedies, and appeared to be hourly growing worse. I prescribed thirty grains of calomel to be aided by whiskey toddy, and to be repeated the second night. The first dose produced copious purging, the second acted as an emetic with moderate purging, but with profuse diuresis. On visiting her the third day after administering the first dose, she was so much relieved that she was enabled to lie down and sleep with comfort, and to get up and walk without assistance. Her cough and expectoration ceased; tongue became moist, and all difficulty of breathing disappeared. But it is just to remark that the specific effect of the calomel was freely developed, but yielded promptly to the ordinary mode of treatment. After this, she was treated with chalybeates and the preparations of quinine, and recovered her usual health within a few weeks.

The diet in all cases should be very abstemious. After the action of the calomel, it will be necessary to administer some remedies to prevent a re-accumulation of the fluid. I have found a solution of the muriated tincture of iron to answer the indication very well, but in some instances it will disagree with the stomach. When such is the case, the tartrate of iron and potassa suspended in wine—about an ounce to the quart, and a dessert spoonful given three times a day—will suit the most delicate stomachs, as well as fulfil the indication desired. Should the bowels become constipated, and require an aperient or cathartic, cream of tartar and epsom salts equally combined will answer the purpose. But should the re-accumulation of water take place in spite of these means, it will become necessary to repeat the calomel, and follow it by the same treatment. In a number of instances I have found the following combination to answer the purpose when most remedies had disappointed me, especially when the calomel was contra-indicated from constitutional causes. Take one pint of the tincture of asclepias syriaca, which is made by adding one ounce of the fresh root to one pint

of whiskey; let it stand for fourteen days, and then add it to two pints of the strong decoction of sarsaparilla, with one drachm of powdered alum. Of this, give a tablespoonful three or four times a day. Should it not be active enough, or too active, it may be regulated according to the ability of the patient to bear it. It will keep the bowels gently moved two or three times a day, besides acting as a good diuretic and tonic, increasing the appetite and strength.

Too much attention cannot be paid to the manner of dressing as well as the diet. Flannel should always be worn next the skin, and exposure of all kind avoided, especially in damp and rainy weather; for after the fluid has been expelled from the system, the muscular and cellular tissue is so much relaxed, that if these precautions are not attended to, and aided by proper bandaging of the abdomen, the fluid will, as a matter of course, re-accumulate. By adhering to this, the tissues are aided as they gradually assume their natural healthy and tonic action, and are enabled to resist the morbid influence; for, in fact, this is the great difficulty in curing hydropic diseases.

In confirmation of my own experience in the diuretic action of calomel, the following extracts from the published proceedings of the Medical Society of the State of North Carolina, held in May last, will give additional testimony to its efficacy.

A discussion arose as to the *modus operandi* of calomel, on an enquiry made by Dr. J. E. Williamson of Caswell, if calomel was in fact a stimulus, or what was the received opinion as to its action? and he referred to an instance where it had been administered in very large doses by a friend, with decided benefit, in dropsy, acting as a sedative and diuretic at the same time.

Dr. Charles E. Johnson, of Raleigh, "remarked that he had considerable experience in the exhibition of both drugs (calomel and quinine) in large doses, and could testify to their sedative value and influence when given in this manner. Calomel, he believed, in doses of 50, 100, or more grs., particularly in some cases of dropsies, depending upon enlargement of the liver and spleen, and obstruction of the portal circulation, was followed by the happiest results, producing copious and free discharges, sometimes very watery, but not always corresponding in quantity with

the increase of the doses, which was, perhaps, generally true of increasing doses of calomel; and that in many instances, sometimes after the second dose, more generally after the third, when the doses have been given day after day, it acted *powerfully as a diuretic.* He had seen many cases of dropsy of this kind improve rapidly, and speedily recover under this treatment. He had never seen salivation produced in this manner, although the action of the calomel was decidedly *sedative*, inducing quiet and sleep, diminished frequency of the heart's action, and an improved state of the secretions generally, with a moist tongue and skin, and all without much, if any prostration."

I am aware that it is too often the case that a general conclusion is drawn from a mere isolated fact, but such is not the case in the present communication. I could give a number of cases to illustrate the above treatment, but deem it unnecessary, as the general principle is here laid down. The main object in directing the attention of the profession to this subject at all, is, that they may see what is the experience of others, and to show that calomel possesses a property far more reliable than has generally been conceded to it as a diuretic, and surpasses all other remedies of that class in dropsical diseases. Should the experience of others, after having given it a fair trial, accord with my own, I shall feel that my humble labors have not been in vain.

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*Severe Wound by a Circular Saw.* By Wm. J. Henderson, M.D. Lock-Haven, Pennsylvania.

On the seventh of May last, I was called to Farransville, six miles from home, to see G—— S——, who, having fallen asleep in the mill, was caught by a circular saw which inflicted a severe and extensive wound in the back. I found the patient lying on the floor, weltering in blood from the wound, which had been hastily sewed together, until I should arrive. The wound was parallel with the spine, and about one and a half inches from that column. On measuring I found the following dimensions: length 8 inches, 6 wide, and one and a half deep. The contractions of the abdominal muscles caused the wound to gap to such an extent, that I laid both my hands flat

between the edges, which were ragged and contused; the muscles of the spine were torn and came away in shreds. The ninth and tenth ribs were completely divided about an inch from the articulations, together with their accompanying arteries, which bled very little. Portions of the shirt and vest were sticking in the wound, and much clotted blood.

After cleaning the wound of all foreign matters, and clipping off the ragged edges, it was closed with five sutures and adhesive straps; the cold water dressing applied, and the Pulv. Doveri prescribed. Next day the patient said he felt quite well, had slept soundly all night, and had no pain in the wound. He continued rapidly to convalesce without any bad symptoms, and on the sixth day walked down stairs and rode in a wagon four miles; and in two weeks from the injury he paid me a visit in town having walked all the way, perfectly restored; the wound having closed without any secretion of pus, and the divided ribs having firmly united.

Fortunately for the patient, the bench on which the saw ran was lower on one side, and being drawn down on his back, the saw cut *obliquely* towards the spine. Four lines deeper the cavities of the chest and abdomen would have been penetrated.

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*Hot Springs on the Overland Route to California.* By G. S. Walker, Sacramento, California; and of the Jefferson Medical College. Communicated by Professor Dunglison.

*Philadelphia, Nov.* 23, 1851.

Dr. Dunglison:

*Dear Sir,*—In accordance with your request I transmit you a short account of the boiling springs I visited during the summer months of 1849, and a description of their singular effects upon those of us who drank of the water.

These springs are situated, as well as I can judge, near the 40th parallel of north latitude, and 40½° of longitude west of Washington city, and are directly upon the California trail leading from the *sink* of Humboldt river to Pyramid Lake—the terminus of Truckie river.

The whole country around seems to be volcanic, and is now a vast desert, utterly and entirely destitute of vegetation, and afford-

ing no fresh water to the traveller for a distance of 75 miles. The springs, I may remark, are not those visited by Colonel Fremont. Our little company of thirteen men reached these springs in the forenoon of a hot July day, weary, hungry and thirsty; having travelled 50 miles without rest, and without water—save a small quantity of a brackish, insipid article, which we had obtained, and carried in our canteens, and which was exhausted long before reaching this place. The springs I did not count, but they may number 200 within a circuit of as many yards. Each spring seems to have perforated the rock, making holes varying in diameter from two or three inches, to the largest which is twenty-five or thirty feet. The rock seems to be a carbonate of lime.

The various springs differ in temperature, some being almost cold, while others are at the temperature of the boiling point.

Some had the nauseous taste of a strong solution of sulphate of magnesia. One or two discharged a blueish-white, thick, mortar-like substance, which I judged from its taste and appearance to be principally a thick solution of carbonate of magnesia. From one of these, and the largest of all, I procured two small bottles-full, for the express purpose of sending the water to you to analyze; but an accident deprived me of them.

Not the least curious feature of these springs is their ebbing and flowing, which take place at irregular intervals. The flowing is preceded by a loud subterranean noise. Some of them overflow for a few minutes, and fall back three or four feet below the surface, while no one of them flows at all times.

The largest, which was at the temperature of 212°, was almost perfectly transparent; so much so that we could distinctly see the bottom, a distance of some twelve or fifteen feet. This we deemed the least unpleasant to the taste, and of the water we made coffee of which we all drank freely. After leaving the springs, which we did in a couple of hours, we directed our course toward Pyramid Lake, a distance of some twenty-five miles. Some of our party were taken sick in an hour after, and every individual within twenty-four hours. Some were first attacked with vomiting, but more generally it commenced with languor and sickness, and an itching of the orifice of the urethra, followed by severe ardor urinæ, pains in the groin, thighs and testicles. In all the cases there was a constant and inordinate desire to void the urine. In many, a

slight hæmorrhage occurred, and in others a discharge of a thick, glairish, pellucid matter from the urethra. Those who were first attacked, suffered the most, but recovered most quickly—the affection only lasting a few hours; while those who escaped until the next day, suffered much longer but not so severely. Plenty of fresh water, and a few doses of Dover's powder combined with a small portion of camphor seemed to afford relief. All recovered within two days; and our sufferings would soon have been forgotten, had it not been for the occasional jests of some of the party about the gonorrhœa we had caught upon the plains. I may add, that all the animals—horses, mules and cattle—that drank tolerably freely of the water, had many of the same symptoms; and some died, doubtless—it seemed to me—from the effect of the water.

Yours, very truly,

G. S. Walker.

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## Pennsylvania Hospital—*Surgical Wards.*—*Service of* Drs. Fox and Norris.

*Cases discharged since August 15th*, 1851.

| | Cured. | Relieved. | Died. | Total. |
|---|---|---|---|---|
| Abscess, | 2 | 0 | 0 | 2 |
| Anchylosis of elbow, | 0 | 1 | 0 | 1 |
| Burns, | 11 | 2 | 3 | 16 |
| Cancer of lip, | 2 | 1 | 0 | 3 |
| " tongue, | 0 | 1 | 0 | 1 |
| " penis, | 1* | 0 | 0 | 1 |
| Caries of sternum, | 0 | 1 | 0 | 1 |
| Concussion, | 0 | 1 | 0 | 1 |
| Conjunctivitis, | 0 | 1 | 0 | 1 |
| Contusion, | 16 | 2 | 0 | 18 |
| Disease of hip, | 0 | 1 | 0 | 1 |
| " testicle, | 0 | 1 | 0 | 1 |
| " tibia, | 0 | 1 | 0 | 1 |
| Dislocations 2, viz: | | | | |
| Humerus, | 1 | 0 | 0 | 1 |
| Femur, | 1† | 0 | 0 | 1 |
| Fistula in ano, | 1 | 1 | 0 | 2 |
| Fractures, simple, 40, viz: | | | | |
| Skull, | 0 | 0 | 2 | 2 |
| Inferior maxillary, | 1 | 0 | 0 | 1 |
| Clavicle, | 3 | 2 | 0 | 5 |
| Humerus, | 4 | 1 | 0 | 5 |

* By amputation.

† Reduced in ten minutes under the influence of ether, after three previous unsuccessful attempts without it, one of which lasted three hours.

| | Cured. | Relieved. | Died. | Total. |
|---|---|---|---|---|
| Condyles of humerus, | 3 | 1 | 0 | 4 |
| Forearm, (both bones,) | 0 | 2 | 0 | 2 |
| Radius, | 3 | 0 | 0 | 3 |
| Ulna, | 2 | 0 | 0 | 2 |
| Ribs, | 4 | 0 | 0 | 4 |
| Ilium, | 1 | 0 | 0 | 1 |
| Femur, | 2 | 1 | 0 | 3 |
| Patella, | 1 | 0 | 0 | 1 |
| Leg, (both bones,) | 6 | 0 | 0 | 6 |
| " ununited, | 1 | 0 | 0 | 1 |
| Fractures, compound, 21, viz: | | | | |
| Skull, | 0 | 0 | 1 | 1 |
| Face, | 1 | 0 | 0 | 1 |
| Nose, | 0 | 1 | 0 | 1 |
| Shoulder, | 0 | 0 | 1 | 1 |
| Forearm, | 2* | 0 | 0 | 2 |
| Fingers, | 9 | 0 | 0 | 9 |
| Thigh, | 0 | 0 | 1 | 1 |
| Leg, | 2 | 0 | 0 | 2 |
| Foot, | 3 | 0 | 0 | 3 |
| Gonorrhœa, | 7 | 1 | 0 | 8 |
| Hemorrhage from urethra, | 0 | 1 | 0 | 1 |
| Hydrocele, | 1 | 3 | 0 | 4 |
| Inflammation of ear, | 0 | 1 | 0 | 1 |
| " knee, | 1 | 0 | 0 | 1 |
| " leg, | 2 | 1 | 0 | 3 |
| " foot, | 1 | 0 | 0 | 1 |
| Injury of wrist, | 0 | 1 | 0 | 1 |
| " knee, | 1 | 2 | 0 | 3 |
| Iritis | 2 | 1 | 0 | 3 |
| Onychia, | 6 | 0 | 0 | 6 |
| Ophthalmia, | 1 | 0 | 0 | 1 |
| Paronychia, | 15 | 1 | 0 | 16 |
| Scalds, | 3 | 0 | 0 | 3 |
| Sprains, | 3 | 0 | 0 | 3 |
| Syphilis, (primary,) | 8 | 3 | 0 | 11 |
| " (secondary,) | 5 | 3 | 1† | 9 |
| " (tertiary,) | 1 | 0 | 0 | 1 |
| Tumors, | 1 | 0 | 0 | 1 |
| " of eyelid, | 0 | 1 | 0 | 1 |
| " of breast, | 1 | 0 | 0 | 1 |
| Ulcers, simple, | 11 | 5 | 0 | 16 |
| " scrofulous, | 0 | 1 | 0 | 1 |
| " varicose, | 1 | 0 | 0 | 1 |
| " of breast, | 1 | 0 | 0 | 1 |
| Wounds, gunshot, | 3 | 2 | 2 | 7 |
| " incised, | 5 | 1 | 0 | 6 |
| " lacerated, | 6 | 2 | 1‡ | 9 |
| " penetrating, | 2 | 0 | 0 | 2 |
| | 172 | 52 | 12 | 236 |

* One by amputation.
† From hemorrhage from nasal artery.
‡ From mania à potu.

*Gunshot wounds of Forearm and Thorax.—Recovery.*—Noble McClintock, aged 18, was brought to the Hospital on the evening of the 17th of August, having been shot half an hour previous, whilst engaged in a firemen's riot. His countenance was pallid and expressive of great nervous depression. Pulse 70 and feeble. Skin moist.

On examination, there were found two wounds in the right forearm, and one in the right thorax, evidently produced by a small pistol ball, which had passed through the fleshy portion of the supinator longus, one inch below the bend of the elbow, and then entered the right thorax between the seventh and eighth ribs, a little posterior to a vertical line from the nipple. The wound in the thorax was round; lips inverted, blackened, and presented all the appearances of the ball having passed through the parietes of the thorax. There were no bloody sputa, or physical signs of the lung having sustained any injury; the vesicular murmur was equally audible on both sides, and percussion resonant. There was no tenderness of the abdomen, save at the scrobiculus cordis (where it was but slight.) There was no spasm of the diaphragm, nor were there any signs of the ball having passed round the thorax beneath the integuments, and making a wound of exit at an opposite point.

Having drawn the edges of the wounds together by adhesive strips, the cold water dressings were applied. Perfect rest enjoined; ordered absolute diet.

Reaction came on very gradually, but no hemorrhage occurred.

On the third day after the accident, some symptoms of pleuropneumonia of a local character manifested themselves, and were treated by dry cupping, mercury and diaphoretics. They subsided in a short time. Some small pieces of clothing were discharged from the wound, which afterwards gradually cicatrized, and the patient was discharged well on the 16th of September, thirty days after the occurrence of the accident.

He has since been several times to the Hospital and stated that his health continues good. On being questioned as to any previous illness, he stated that some years ago he had had an attack of pleurisy on the right side. Such having been the case, it is not difficult to account for the absence of any symptoms

of collapse of the lung, by the adhesions which such an inflammation usually establishes between the two pleuræ.

The absence of bloody sputa still leaves a doubt as to the ball having entered the lung, but we have more than one case on record, from good authority, of wound of the lung without such symptoms manifesting themselves; and although we are not confident that the ball did enter the lung in this case, we have little doubt but that an autopsy would reveal it encysted somewhere within the parietes of the thorax.

One of the fatal cases of gunshot wound, occurred in an attempted burglary at a farm below the city. The burglar was shot from a second story window, with large buck-shot. Many of them entered the scalp, one or two producing indented fracture of the skull. Others entered the right thorax, wounding the lung. The man was brought to the Hospital about an hour after the accident, but in a dying state. He died two hours after his admission, never having reacted at all; and, on examination, the right pleura was found filled with blood—there was no injury done to the brain.

The other fatal case was the result of an accident which occurred on board of one of the steamers for Boston. When about to leave port, a small cannon was accidentally discharged at the moment when the mate was at its muzzle, attempting to alter its elevation. The whole charge, consisting of powder and wadding, passed obliquely between his thighs, causing a very extensive wound.

The chief part of the scrotum, the right testicle, except a portion of the epididymus, a portion of the left testicle, the integuments and cellular tissue of the perineum, the arms and lower portion of the rectum, and the tissues between the anus and inner side of the right thigh, together with a portion of the upper extremities of the muscles of that thigh, were carried away. The urethra and crura of the penis were laid bare, and the tuberosity of the ischium was exposed, though not denuded of its periosteum.

The hæmorrhage was very profuse, and although a number of vessels were tied immediately on his reaching the Hospital, it was renewed when reaction was established—more vessels were then tied, and the whole surface of the wound sprinkled with

powdered matico. Even with this it was impossible to entirely arrest the oozing, and the patient lost more than a pint of blood in the course of the following night.

The sufferer had been a stout healthy young man, aged 26, and resisted for a long time the depressing influence of such an injury. The sloughs following the wound were deep, and the suppuration profuse but it was not until the 22d day after the accident, that he died from exhaustion.

ADDINELL HEWSON, Resident Surgeon.

*Pennsylvania Hospital, Nov. 15th,* 1851.

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## BIBLIOGRAPHICAL NOTICES.

*A system of Operative Surgery based upon the Practice of Surgeons in the United States, and comprising a Bibliographical Index and Historical Record of many of their Operations for a period of two hundred years.* By HENRY H. SMITH, M. D., &c. &c. *Illustrated by numerous steel plates—Parts 1st and 2nd.* (8vo. pp. 220 and 27 plates.) Philadelphia, 1851: Lippincott, Grambo & Co.

*Operative Surgery based on Normal and Pathological Anatomy.* By J. F. MALGAIGNE, Professeur Agrégé, &c. *Translated from the French by* FREDERICK BRITTAN, A. B., M. D., M. R. C. S. L. *Illustrated by wood engravings from designs by Dr. Westmacott.* Philadelphia, 1851: Blanchard & Lea.

In the first of the two works above announced, may be realized, to some extent, the fulfilment of a project that has long been entertained in various quarters, but never thought of, we suspect, as an undertaking on the scale in which it finally appears. In the second, many of our readers may discover the familiar features of an old and universal favorite of the European schools, which they will rejoice to find introduced at last among us in an excellent English dress. We wish them all success, and doubt not that they will both attain it, notwithstanding the number of reprints

on similar subjects with which the country has latterly been favored. They are intended respectively to occupy distinct and different places, which have hitherto been vacant in our working libraries; and we trust they will be found to occupy them well enough to justify the enterprise of the gentlemen to whose liberality and care they owe the handsome style in which they are produced.

It would be hard to imagine a title more attractive to the practitioners and students of this country, than the one which Dr. Smith presents. Operative Surgery, so notoriously popular a theme with nearly all who are engaged in medical pursuits, is here offered in a guise, and under a prestige, which are admirably calculated to interest the feelings and meet the actual wants of the whole American profession. The beauty and extent of illustration with which, notwithstanding its convenient size and form and moderate cost, the author and his publishers have managed to enrich their offering, would amply suffice to command attention and place it in the front rank of standard publications; but its character as an essentially American work, built, as its title page imports, upon a strictly national foundation, is the one which must secure for it a general welcome, and for which we are especially glad to invite attention to it. No book has hitherto been written, which, in the language of the preface, "has presented the American practitioner with a comprehensive view of the opinions, operative methods and instruments of those of his countrymen who have given to American Surgery a character of its own." It has been the chief object of our author to fill this void within the smallest practicable compass, by means of condensed letter press descriptions and remarks, and very numerous accurate and beautiful engravings in the highest style of art.

This purpose of the author's appears to have limited somewhat the extent and fulness of his text, without, however, materially diminishing its practical utility. He "has not desired," we are informed, "to go over ground which has so recently been well displayed by writers both in Europe and this country. Many details of history, pathology, physiology, and surgical proceedings which are essential to a complete treatise upon the subject,

have therefore been designedly omitted in this, as not coming within the scope of its plan."

Still in endeavoring to preserve the character of a manual of Cisatlantic operations, and basing his descriptions mainly on the views of his own countrymen, he does not allow himself to lose sight of the necessary Transatlantic aid, but has endeavored to display, in connection with others and his own, the opinion of "such European authorities as are universally received as sound." To these different descriptions he severally appends, in furtherance of his object as a teacher, an appreciation of the methods he describes, or an estimate of their advantages, which he wishes us distinctly to understand as "founded solely upon his own opinion," and therefore not to be confounded with the previous accounts of the various writers quoted.

But we must not regard his volume as a manual of operations only. He has materially increased its value and authority as a standard book of reference, in the curious choronological sketch of the progress of American Surgery, and in the still more interesting and instructive bibliographical index which appears in connexion with the different parts. This bibliographical index is a treasure in itself and a monument of the compiler's industry, which must win for him the gratitude and esteem of every medical inquirer who can appreciate the vast amount of labor which its preparation has required.

In the index are included, first, a general catalogue of native writers and publications on subjects connected with Operative Surgery, from 1783 to 1850 inclusive; secondly, a list of accessible American Journals containing papers on surgical subjects; and lastly, a list of distinct papers, to be found in the periodicals and elsewhere, on the topics of the different portions of the work. We find, for instance, under part 1st, bibliographical directions to sixteen different papers, "On Elementary Operations, &c.," and eight "On Etherization"; and under part 2d, two hundred and seven different papers are pointed out relating to the operations therein discussed.

These chronological and bibliographical records, and the large number of splendidly engraved and colored illustrations drawn from nature and from the best European models, constitute, in connection with its compact and very manageable form, the great

features of the work, to which it will owe much of the favor which probably awaits it.

So much for its design and general character. We propose now briefly to examine into the arrangement of its letter press, and to note a few matters in detail, as they may present themselves in a necessarily rapid glance from page to page of the two parts before us.

The careful surgeon will be glad to learn from the opening paragraphs of his introduction, that our author is not disposed to place an undue value upon the mere manipulations of his art. "Appropriate constitutional measures," says he, "are therefore often as essential to the success of an operation as anatomical knowledge is necessary to its performance; and the happiest results will usually be obtained by those who closely attend not only to the local, but also to the general management of the cases on which they operate. For this reason, a successful surgeon must not only be a judicious practitioner of medicine, but also a devoted nurse and careful observer of the varying conditions of the system, under all circumstances. In every operation he should feel that he is largely indebted to nature; without her aid he can neither anticipate nor obtain success, whilst with it, especially as exhibited in the processes of adhesion or reproduction of tissue, he possesses a power that seems almost divine."

Pathological knowledge and tact, and ability in diagnosis, he rightly deems not less essential to success in operating, than the other qualifications just referred to; and hence he wishes his readers to remember that while, for purposes of methodical arrangement, "the ensuing pages are mainly limited to mechanical details, he nevertheless has no intention of giving them any other value than that of being one of the means of treatment occasionally demanded for the relief of disease."

With this explanation he proposes to divide the general subject into two leading parts: 1st, Minor Operative Surgery, or simply Minor Surgery; and 2d, Major Surgery, or Operative Surgery proper. As, however, he rejects the former of these, having previously made it the subject of a separate work, his object in the present instance, is, in a word, under the latter head, "to show the various modes of operating, and especially such as are resorted to by surgeons in the United States."

In accordance with this intention he arranges his work in five divisions. 1st, General Duties and Elementary Operations. 2nd, Operations on the Head and Face. 3rd, Operations on the Neck and Trunk. 4th, Operations on the Genito-Urinary Organs; and 5th, Operations on the Extremities." He adopts this regional distribution of his topics as that most apt to be suggested by the natural relation of parts. For a similar reason the details of each subject of inquiry are presented in the order in which the operator would be likely to attend to them. In the first place the anatomical relations would be thought of, next the methods of operating, then the instruments required, after these the dressings, and lastly the adjuvants necessary in the general or local subsidiary treatment.

The first Part, as it is entitled on the cover, is occupied with forty six pages of letter press in four chapters, with five plates of illustration. It is devoted to the consideration of 1st, the general duties of an operator; 2nd, Elementary operations; 3rd, means of arresting hemorrhage; and 4th, duties of a surgeon immediately after operating. Under the head of general duties of an operator, he begins with attentions to the patient, including the duties of a surgeon before, during and after an operation; next the care and management of instruments, including their action and selection, preparation and sharpening, manipulation and preservation; and lastly, the operator's duties to his assistants, such as their selection and instruction.

In discussing the duties of the surgeon before operating, he tells us that one of the most important is to save the patient unnecessary pain. This he advises to be effected through the agency of anæsthetics. He entertains no doubt of the safety of "Etherization," and does not hesitate to assert that "except in some few instances," (two of which he cites, by the by, with very little show of reason, so far as we can see, for the exception,) "the creation of pain by any operation can only be regarded at the present time as both unnecessary and injurious." And hence he naturally infers, that "philanthropy and that desire to ameliorate the sufferings of mankind, which is the true basis of sound practice, demand that neither prejudice, nor ignorance of its effects should longer prevent its employment by every operator." "In my hands," observes he again, "pure ether has been widely administered during

the last four years; but for some months past, I have resorted to it mixed with chloroform, in the proportion of one part of the latter to five of the former, and I have yet to see the first patient in whom evil has undoubtedly resulted from its use." We have no time, nor do we feel inclined, to dwell upon the anæsthetic question. We only quote our author in relation to it now, in order to show the decided ground he takes in favor of the practice; and at the same time to express the gratification we feel at finding it so earnestly and frankly recommended in a treatise, which, being avowedly put forward as a sort of mirror of our national operative science, must be looked upon by many at a distance, as at least a fair exponent of the Philadelphia creed. Happily the conclusion, this time at all events, would prove a just one, in spite of the extremely conservative resistance to the prevailing current of opinion and experience, which still exists in certain influential quarters of this city.

Under the caption of duties after the operation, we find among other matters very briefly touched upon, some general hints respecting the kind of diet proper at this period, and especially suggesting the policy of avoiding in many cases a sudden change or excessive reduction in the amount and character of nourishment. His ideas on this matter might have been more clearly given, yet as they contain nothing particularly new, we allude to them only for the purpose of protesting against the impression likely to be conveyed by the language of a portion of the concluding paragraph, as follows: "A routine practice in any complaint," says he, "is always bad." No one will venture to deny this venerable axiom; but with the remainder of the sentence the case is very different. We have it in the following words:—"and in this respect American surgeons have perhaps followed too closely the precepts of their European brethren, forgetful of the different habits of our people, and of the daily developments of science."

He further adds, "meat, and that often in large quantities, is the daily food of all the laboring classes, as well as of many others, in the United States, whilst thin soup, salad, and wine is the diet of most of the same class on the continent. Low diet, therefore, is not so great a change to them as it would be to patients in this country, and the American surgeon may, in many

instances, advantageously pursue a practice more in accordance with his own locality."

Now we are not willing to admit any one of the affirmatives that are thus jumbled up together in the sweeping, but no doubt unintentional reflection on American surgeons and "their European brethren" contained above. We do not believe—indeed the pages of the book itself most honorably contradict it—that American surgeons, (we mean those of mature age and experience, and who have been trained at home,) are "forgetful of the different habits of our people, and of the daily developments of science"; nor is there any reason to suppose them in the habit of following the precepts of any single set of men in a matter of daily observation in which they are quite as well prepared and competent to form their own opinion as the oldest of their brethren, far or near. Lastly, we were not before aware that European operators were addicted to a routine practice, no matter in what class; or at any rate, that their "precepts" were not intended to apply to as great a variety of classes and accidental circumstances as well as operations, as had become familiar to us here. True it is that the young men who go abroad to walk the hospitals, and too readily content themselves with a crude experience that is much oftener the evidence of things not seen than the substance of things hoped for, have few opportunities of watching the treatment or results of operations on any classes similar, physically, morally or in previous habits, to the parties who become the subject of the knife at home. But it is idle to consider the occasional acts and dicta of these junior observers as the expression of the scientific habit of the land. The therapeutic precepts and practice of authoritative surgeons of this country, were long since established on the same broad foundation of general principles which supports the philosophy of surgery throughout the world, whether it deal with the prince, the burgher, or the peasant, the rich or the poor, the employed or unemployed, of whatever kindred, tongue or people. These principles have come down to us *in verba magistri* from both sides of the Atlantic; changeful and changing only through the media by which they may be studied, and in their great outlines so marked and clear that he who runs may read them.

Chapter 2nd is devoted to Elementary Operations, including Incisions, Dissections, and Punctures.

Chapter 3rd treats of the means of arresting Hemorrhage, such as Compressions, Ligatures, Styptics, Cauteries and other usual expedients.

Chapter 4th, under the head of Duties of a Surgeon immediately after Operating, presents us with some account of dressings, of the closing of parts after an operation, and of the means employed to favor union.

In regard to dressings, and the great importance of attention to them, together with the frequent indifference of students to this stage of operations, we find some very just remarks. "The first and subsequent dressings of an operator are the real tests of his surgical skill. In making them, he first proves his claims to the high position of a surgeon, and rises above the grade of the 'cutter.' Before this the surgeon was limited to the mechanical portion of his profession, but in the dressing and after-treatment he has an opportunity of showing his judgment and the resources of his science." It is a matter of regret that while upon a topic considered so important, a few more precise and definite instructions were not given in this place, in addition to the special directions which are reserved for after consideration in the study of each operation. We would be glad to know, for instance, the usual precautions to be taken in the removal and renewal of the first and subsequent dressings just spoken of, and how soon and how often, as a general rule, these dressings ought to be applied. A similar lack of definite information may be observed, we think, in regard to minor points throughout this chapter. Thus in reference to means of retaining parts in apposition, isinglass receives no notice, collodion is barely spoken of, and the only adhesive strip really described, is directed to be about half an inch in width.

The first plate of the illustrations of the work, gives accurate and beautifully finished side views of some of the instruments employed in making incisions and dissections, in the extirpation of tumors and the ligatures of arteries. Plate 2nd, represents various instruments employed for the arrest of hemorrhage, extraction of polypi, &c. Plate 3rd, presents a beautiful series of delineations, modified and drawn from Bernard and Huette, of the six positions of the scalpel. In plate 4th, we have nine figures relating variously to the arrest of hemorrhage by the compression and ligature of arteries. The fifth and last plate of the first part

exhibits in seven capital figures a front view of various incisions, and of the different modes of uniting wounds by sutures or adhesive plasters.

So large an amount of space has been already occupied with the notice of the introductory portion of the work of Dr. Smith, that we will be forced to pass much more hurriedly over what remains. This is the less to be regretted, inasmuch as it would be impossible to do any justice to the specialities and various details of so many and such important processes. All that we can pretend to do, must be to present a rapid sketch of the general order of arrangement, and an enumeration of the different sets of operations figured and described, and to accompany them in passing, with a few notes here and there in connection with certain points of interest.

Part second, then is occupied, as a whole, with operations on the head and face, and opens in the first chapter with the surgical anatomy of the head.

Operations on the head are treated of in chapter 2nd in two sections, the first being on operations on the scalp; and the second, on operations upon the bones of the cranium. They are illustrated in three plates, showing the instruments used upon the bones of the head, certain operations on the scalp and bones of the head, and thirdly, a side view of the structures of the head and of the operation of trepanning. Among operations on the scalp, we have the extirpation of encysted tumors, nævi materni, cephalœmatoma, and division of the supra-orbitar nerve. Then for the operations on the bones of the head, those for caries, necrosis and exostosis of the cranium are briefly sketched, also trephining the cranium, puncturing the head for hydrocephalus, and the removal of fungoid tumors of the dura mater.

Various operative expedients are described for the obliteration or removal of nævi materni or erectile tumors. Of the different methods of removal, Dr. Smith prefers excision, where the skin is not much involved in the disease, or the tumor larger than a walnut; the hemorrhage being in most instances, according to his experience, readily controlled by ligature or by pressure, particularly when care is taken to incise only the healthy structure, and not to open the tumor. In case of larger size of tumor, in which the hemorrhage is more to be apprehended from the ordinary extirpation, he recommends the operation of Dr.

Physick and Dr. Wm. Gibson, by partial incisions renewed at intervals, the vessels being taken up as they are divided, and the edges of the wound being prevented from uniting by the interposition of lint between their opposing surfaces. We doubt the propriety of advocating the excision of these tumors as an easy and safe operation, in preference to the various expedients which are unattended with the loss of blood. The operation with the knife, no matter how performed, is unquestionably a difficult and dangerous one. In the hands of eminently skilful and dexterous surgeons, on more than one occasion, it has proved positively frightful, so much so as to have led some of the first operators of their day to reject it altogether; and it ought not, in a work intended for the guidance of students and junior practitioners, to be proposed, without a special warning of the danger that might possibly ensue from its performance.

Although exostosis of the cranium is alluded to and even represented on a plate, nothing is said of spina ventosa of the skull. Here was a chance of introducing Dr. G. McClellan's case (quoted, with a portrait, by Dr. J. H. B. McClellan in his edition of his father's Surgery, p. 348,) which we regret to find neglected. As a rare and instructive operation by a noted Philadelphia surgeon, it was at least as worthy of special record as that of Dr. Warren for tumors of the dura mater.

Passing over the remaining pages of chapter 2nd, in which appears an excellent account of the operation for trephining, we come to chapter 3rd, containing a brief view of the surgical anatomy of the face; and to chapter 4th, which treats of operations practised on the eye-lids and on the lachrymal apparatus. Among those upon the eye-lids, we find many extremely interesting autoplastic devices for the relief of various deformities, all of which are well described and represented.

Next comes chapter 5th, on operations on the eye-ball, including those upon the external coats and on the muscles of the ball, as well as on the globe itself. This series, of course, introduces the subject of strabismus, the different methods of operating for which are carefully figured and explained.

In regard to the extirpation of the eye-ball, for which the "ordinary operation" is given very cursorily in the same section with strabismus, we note a direction for arresting the hemorrhage "by

stuffing the orbit with lint." This is not in accordance with the principles inculcated in some other portions of the work, and is certainly not according to the best authority. The practice is allowed by continental surgeons, although Malgaigne recommends only small pellets or plugs of lint to stop the bleeding; and Sedillot, while directing the use of charpie to fill the orbit, expressly says, there is nothing to fear from hemorrhage. It is discountenanced, however, by British operators, among whom we may refer to Lawrence and Skey. The former objects to it, for good reasons which he gives in full, and the latter calls it "a highly dangerous proceeding."

After these we meet in chapter 6th with the anatomy of the eye-ball, and of the iris in its peculiar relations, the operations for cataract, and those for the formation of an artificial pupil.

Several matters of interest present themselves in the course of these short sections on ophthalmic operations; particularly in relation to extraction, the removal of strabismus, and the various modes of producing artificial pupil, including the operation of our townsman, Dr. Hays. The limits of our notice, however, oblige us to hurry by all of these, and, indeed, to pass over in the same superficial manner the seven extremely interesting chapters which complete the volume. Chapters X, XI and XII especially are rich in records of the triumphs of American Surgery, and in details which are in the highest degree valuable and attractive; and we would gladly spend an hour, did time allow, in culling from their pages many hints suggested, and curious facts that might be noted in connection with the various admirable autoplastic and resection operations, in which the dexterous ingenuity and sagacious enterprise of our countrymen are seen to make a characteristic impress on the extension of this province of the healing art. We must content ourselves, however, by stating in very few words that the synopsis of operations on the eye is followed by a short account of metoplasty, as exemplified in a case of Dr. Watson's of New York; by a chapter (VIII) on the external nose, including rhinoplasty; by another chapter (IX) on the internal nose; by a full and very interesting succession of chapters (X, XI and XII) on the mouth, externally and internally, along with tongue and throat, embracing among other topics, hare lip, cheiloplasty, genioplasty, and salivary fistula;

on resections of the upper jaw bone and lower jaw-bone, and on staphyloraphy and staphyloplasty. Finally, we have in chapter XIII the concluding sections of the published portions of the work. They are devoted to the demonstration of the operations on the ear. Each of these chapters, it must not be forgotten, is furnished with its section on the appropriate surgical anatomy, and also with its splendid steel engravings. Several of these latter, we observe, are after Bernard and Huette, Bourgery and Jacob, Liston and other British and continental sources; but a considerable number, and some of the very best, are original, or from American authorities, and all may be regarded as unsurpassed in their peculiar style by those of any publication in the Union. We shall look with great pleasure for the concluding portion of the work, which we hope to be able to notice more in detail than has been possible on this occasion; meanwhile the author, publisher and artist will accept our heartfelt thanks, in behalf of all who take any interest in our opinion of the enterprise, for the very handsome manner in which it has been thus far carried out. We sincerely hope their efforts will meet with the prompt and ample recompense which, in these days of reprints and second hand translations, they have a right to claim for the benefit of native letters, if not for the good of their native land. No American practitioner who has this good at heart, should neglect to provide himself with an early copy for his table, not only as an instructor that may often prove a friend in need, but as a noble evidence of better times in prospect for the home teachers of the *lex scripta* of his art.

But little room remains for us to dwell upon the translation of Malgaigne. Indeed, the reputation of the work, whether French or English, is by this time so entirely established, that very few words will enable us to say all that is necessary for the information of our readers. For years past this manual has been the ruling vade mecum of the students of all the European schools, and has been largely read and quoted from in Great Britain and America. We venture to aver that there has not been in Paris for the last ten years a student of surgery from any country, who has not diligently conned and thumbed its well known pages. Yet, strangely enough, it had passed through

four large Parisian editions, one Belgian edition and five translations, before it found its way across the channel, except in its old Parisian shape. And, still more strangely, five years more have been allowed to pass before any one has thought of republishing its English counterpart for the benefit of the American profession.

It must prove an acceptable addition to our stock of aids and comforts of this kind, even in the midst of many other similar productions, because it is beyond comparison the most complete and comprehensive as well as most compact; while for clearness, accuracy and methodical arrangement, it is no less superior to all the manuals extant. We speak of it as a manual of operations only. More than this is not intended by its author. His views of what ought to be required in a full treatise on Operative Surgery are vastly more extended. The limits of his work restricted him nearly altogether to the surgical anatomy and the different operative manipulations. These have, however, been treated with so much special care and with such variety and fulness, as well as precision, of detail and description that his volume may safely be regarded as an indispensable adjunct to the less systematic and comprehensive publications of Liston, Fergusson, Skey, and others, which have been reprinted or otherwise issued in America. We say nothing of the larger historical and illustrated works of Velpeau, Pancoast, Smith and others, since they are manifestly of a different character.

The work is divided into three parts; the first being upon elementary operations, the second on general operations and the third on special operations. These three grand divisions embrace (with the exception of the use of bandages and other dressings, and the management of fractures and luxations, purposely omitted) the whole range of manipulative surgery. His plan in describing an operation is to begin with a concise but lucid sketch of the surgical anatomy of the part concerned; then to proceed with a methodical and minute account of the different stages of the ordinary process, in regular order of succession; next, a history of the various important modifications that may have been adopted or proposed; and lastly, to submit a comparative appreciation of the different methods just described, together with a view of their probable effects.

Mr. Brittan is entitled to our thanks, not only for the fidelity and elegance of style with which he has discharged his obligations as translator, but for the numerous additions which he has appended in the form of foot notes, relating chiefly to British operations or improvements of later date than the authors' last edition. The value of the book is still more decidedly increased by the handsome and well selected illustrations from the drawings of Dr. Westmacott. These wood cuts and the English notes have rendered the American reprint actually more desirable than the original work; and nothing is wanting but a chapter on the present modes of blunting the sense of pain—on anæsthetic inhalations, in other words—to make it all that need be looked for as a model of its class.

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*Outlines of Chemistry for the use of Students.* By WILLIAM GREGORY, M. D., Professor of Chemistry in the University of Edinburgh. *First American from the Second London Edition, Revised, corrected and enlarged.* By J. MILTON SANDERS, M. D., LL. D., Professor of Chemistry, Pharmacy and Toxicology, in the E. Medical Institute of Cincinnati, &c. Cincinnati, H. W. Darby & Co., 1851. pp. 614.

This work of Dr. Gregory sustains his reputation as a teacher of Chemistry, and confirms the favorable opinions, formed from his previous labors in the same department of science and in conjunction with Professor Liebig. The selection and discussion of the facts and theories, evince judgment and discrimination in their adaptation to the wants of the student, and this arrangement is in general conformity with the plans adopted by some of the British Chemists, following in this respect more especially, in the inorganic part, the work of Turner. One alteration from this general plan, the entire omission of the class of imponderables, is striking, and based on correct principles, and no doubt was adopted with due attention to the requirements of those students for whom the work was intended. We cannot, however, consider it as adapted to the present position of students in the United States. These subjects are in many parts of essential importance, especially to the medical student; and although it is very desirable that he

should be thoroughly grounded therein, previous to commencing his medical studies, yet, in the great majority, we find an almost total want of this knowledge, the continuance of which deficiency would be a material obstacle to his future progress in chemical knowledge. The space which has been obtained by this omission, has been usefully devoted to the extension of the organic division of the work. It would have been desirable that a work emanating from a chemist of such high reputation as Dr. Gregory, should have been written with great clearness and perspicuity, especially as intended for those to whom the subjects are, if not entirely new, certainly not familiar. Students generally consider chemistry as a difficult branch of science, and hence require the instruction to be conveyed in such form, that the ideas may be received without any revision of the language used.

We regret that we cannot speak in the same favorable terms of the revisions and corrections of the American edition. More reflection should have been bestowed on some of the few foot notes which have been appended to the original work, for we cannot attribute to any other cause, the singular assertion on page 75, that lime owes its greater degree of solubility in cold water, to the greater quantity of carbonic acid in cold than in hot water. At page 474, a claim is laid for the discovery by Professor King of "resinoids" in several indigenous plants, as phodophyllum, cimicifuga, &c., thus conflicting with similar claims made by W. S. Merrill, A. M., in July 1850. Whatever priority either of these gentlemen have, as to some of those substances mentioned, neither can lay even the shadow of a claim to the very first on on the list. Students have been made aware, through the pages of a work in all their hands, (United States Dispensatory,) of the existence in the root of May-apple of an active bitter principle, called podophyllin, the discovery of which dates as far back as 1832, as reference to the Journal of the College of Pharmacy, Vol. III., p. 273 will show; and in addition, the same Journal for 1847, (vol. xix. p. 165,) contains a detailed analysis, in which the activity of the drug as a drastic cathartic is traced to two resins, one of which was obtained pure and colorless.

The American Edition, it is stated, "is more perfect than the London one; numerous errors, which had escaped the author, being corrected." It is to be regretted that this has not been

carried to a greater extent, those remaining being sufficiently numerous. It is only necessary to cite a few. The formulæ for the three compounds of phosphorus and hydrogen, as given on pages 132 and 134, differ, and three out of the six are incorrect. P. 177, magnesia "is best obtained pure by heating the carbon to redness," meaning carbonate. Sweet oil of wine is $2S_3O + AeO + C_4H_4$" the 3 in the sulphuric acid being transposed &c. We should have supposed that the isolation by Frankland, of compounds, having an identity of composition with ethyle and amyle deserved a passing notice, from their relation to the theory of compound radicals, even if the Editor did not confide in the results. Another point of practical importance struck us in relation to an assertion at p. 188, in connection with the hydrated sesquioxide of iron. "In its moist state it is the only known antidote to arsenious acid." The efficacy of magnesia, in the same cases, has now so much testimony in its favor, that the above unqualified assertion is decidedly objectionable, and however true at the time of original publication in 1847, requires correction by means of the knowledge subsequently obtained.

In typographical execution, paper, &c., the work can fairly compete with its congeners of the Eastern States.

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# THE MEDICAL EXAMINER.

## PHILADELPHIA, DECEMBER, 1851.

### NEW ORLEANS MONTHLY MEDICAL REGISTER.

We have the *second* number of this new candidate for professional support—the *first* number having doubtless failed to reach us through the delinquency of the post-office. It is a small but spirited sheet, of the '*Gazette*' order, and presents in the number before us, an interesting series of original and selected papers. The editor, A. Forster Axson, M. D., has our best wishes for his success.

DEATH OF DR. J. M. WALLACE, OF PHILADELPHIA.

The announcement of the death of this gentleman, we doubt not, will reach his distant friends with the same stunning force that it did those in his own city, whom his brief and sudden illness but little prepared for so sad a termination of his most useful life. He was attacked with a severe pleuro-pneumonia on Friday, Nov. 6th., which resisted all treatment, and ended in rapid effusion, under which he sank on Monday, Nov. 10th, at 4½ P. M., in the 37th year of his age.

There was perhaps no man in the profession more universally beloved than Dr. Wallace. Young and old, rich and poor, united in the same expression of unmingled regret at his untimely fate. His manliness of character, his modest self-reliance, and his promptitude and decision of action, had secured to him the confidence of men far beyond him in age and professional standing; while his more intimate friends and associates ever found in him a sincerity and truthfulness of disposition and soundness of judgment, that could always be relied upon. He occupied a place in their affections that can never be filled.

The character of his mind was essentially practical, and always fertile in expedients, a trait whose value every surgeon will recognize. As a teacher he was clear and explicit, possessing a remarkable facility in imparting knowledge and impressing it upon his hearers. The high position which he held in all his relations both public and private, will be better estimated by the following resolutions passed by the College of Physicians and by his private class, than by any feeble expression of ours.

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At a special meeting of the College of Physicians of Philadelphia, held Nov. 12th, 1851, the following preamble and resolutions were unanimously adopted:

Whereas, by the sudden decease of Dr. Joshua M. Wallace, we have been called upon to mourn the loss of one of our most esteemed and promising colleagues, we feel it due to ourselves, to the memory of the deceased, and to the profession of which he gave so fair a promise of becoming one of the brightest ornaments, had not his career of usefulness been so unexpectedly cut short, to give an expression to our sentiments in reference to this melancholy event. Therefore,

*Resolved*, That in the death of Dr. Joshua M. Wallace, we mourn the loss of a colleague endeared to us by the dignity of his moral deportment, the suavity of his manners, and by his professional attainments and skill.

*Resolved*, That we most sincerely condole with the family and relations

of the deceased, and tender to them our warmest sympathies in their severe bereavement.

*Resolved,* That Dr. Francis G. Smith be requested to prepare a biographical notice of the deceased, to be read before the College.

*Resolved,* That Drs. John Neill, Francis West, and John B. Biddle, be constituted a committee to present, on behalf of the College, a copy of the foregoing preamble and resolutions to the family of the deceased.

D. FRANCIS CONDIE, Sec'y.

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At a meeting of the private class of the late Joshua M. Wallace, M. D., assembled to express their regret and sorrow for the death of that distinguished and useful gentleman, distinguished both in the capacity of a private citizen, and in that of the profession to which he belonged and which he so much adorned, the following gentlemen were appointed a committee to draft resolutions expressive of their feelings on the occasion:

Charles Neff, Chairman; L. H. Smith, Secretary; E. O. Dummer, M. G. Lofland, James F. Mabrey, A. B. Longman, W. R. Cunningham.

The following report was presented and unanimously adopted:

1st. *Resolved,* That whereas, by the inscrutable decree of Providence, a useful and honorable member of society, as well as of the profession to which we aspire, has been cut down in the midst of his career, and in the prime of life, that we, his private class, though associated with him for but a comparatively short time, had yet sufficiently learned to estimate his qualities, both of mind and heart, as not only to admire, but love him.

2d. *Resolved,* That we feel deeply the loss of one whose instructions we had but just sufficiently experienced to learn their value, and by the aid of which we had indulged the hope that we should be able to accomplish the arduous task before us.

3d. *Resolved,* That with his bereaved family and relations, as well as the numerous friends which one so gifted most deservedly had, we most deeply and truly condole and sympathise.

4th. *Resolved,* That we wear the usual badge of mourning for thirty days after the adoption of these resolutions.

5th. *Resolved,* That a copy of these resolutions be sent to the widow of the late J. M. Wallace, M. D., and to his brother, Ellerslie Wallace, M. D., our much esteemed Demonstrator of Anatomy and private instructor.

6th. *Resolved*, That the foregoing be published in the *Medical News* and *Medical Examiner* of this city.

*Philadelphia*, Nov. 13th, 1851.

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We have also to record the death of another much respected practitioner of Philadelphia, STEPHEN HARRIS, M. D., which took place after a protracted illness. Dr. Harris was a younger brother of Dr. Thomas Harris of the United States Navy, and also of Dr. William Harris of this city. He had passed most of his life in Chester county, in this State, where he was long engaged in an extensive practice. Within two years past he removed to Philadelphia, and had the best prospects of professional success here, when stricken down by disease. He enjoyed in a high degree the regard and esteem of all those who knew him.

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Drs. GRANVILLE SHARPE PATTISON, J. KEARNEY ROGERS, and J. R. MANLY, distinguished and well-known physicians of New York, have been summoned hence, within the past month—we believe, quite unexpectedly. Dr. Pattison's death, was, we learn, the result of ulceration of the ductus communis choledochus. Dr. Rodgers also fell a victim to biliary disease—inflammation of the vena portarum. Dr. Manly was advanced in years. Many of our readers may remember him as a delegate to the meeting of the National Medical Association in Philadelphia, where his enthusiastic and able support of the cause of *medical reform* was quite conspicuous.

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DIED, on the 13th of November, 1851, Doctor FREDERICK CROWLEY, aged 38 years.

At a special meeting of the Northern Medical Association of Philadelphia, of which Dr. Crowley was a member, the following resolution was unanimously adopted.

*Resolved*, That while we deeply deplore the loss of one of our associates, cut off from among us in the prime of his manhood, and in the enjoyment of the active duties of his profession, we feel that the profession at large, of which he was a highly respected member, has sustained a loss in one whose medical attainments and whose social and moral worth were appreciated wherever he was known.

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Dr. JOHN BASKIN, an eminent practitioner of Mercer county, in this State, died at his residence there, on the 26th of September last, from the effects of injuries received in being thrown from his carriage the preceding day.

The subjoined "slip" from the Charleston Medical Journal and Review, for November last, has been forwarded to us by Dr. F. M. Robertson, of Charleston. We give it place—though certainly a considerable draft upon our space—from a wish to allow a full hearing to all the parties concerned in this controversy. We forbear all further comment on the subject, and with this publication we dismiss it from our columns, which are inappropriate to the discussion of any "collateral issues" developed in the controversy.

[The subjoined "Card," being considered by Dr. F. M. Robertson as a final settlement of the difficulty between Dr. H. A. Ramsay and himself, we insert it, together with his letter to Dr. DeSaussure, at his request. —*Eds. Charleston Medical Journal.*]

A Card.—Since the publication of my reply to the pamphet recently issued by Dr. F. M. Robertson, of Charleston, S. C., I have been in correspondence with Dr. J. J. Robertson, of Washington, Ga., through a friend, and having received from him the grounds upon which the opinion of himself and Dr. D. M. Andrews, in regard to my professional statistics, was based—which opinion led them when called on by members of the American Medical Association, at their late Convention in Charleston, to express a want of confidence in the reliability of my obstetrical statistics, and induced Dr. F. M. Robertson, a member of that Association, to move to strike out the notice of said statistics from the report of Dr. Storer, of Boston—and having received from Drs. Andrews and Robertson the assurance that those opinions were neither formed or expressed through personal ill-will towards myself, but were honestly entertained and given in pursuance of what they regarded their duty to the profession; and feeling convinced from the representations of these gentlemen that they were influenced by circumstances, which, unexplained, were calculated to impair their confidence in me as reporter, I feel bound in justice to them, to state that, with such such impressions on their minds, they could not, when called on, have given other that an unfavorable opinion, and that Dr. F. M. Robertson, in making the motion he did, under the circumstances, was actuated by no unworthy or improper motive.

The grounds on which Drs. Andrews and J. J. Robertson were led to the statement that I had not, during my practice of physic, been continuous in one place, were my removal from Bookersville to Mrs. Wellborn's, a distance of six miles, and subsequently to this place, a distance of one and a half miles, while I regarded myself as never having left the *neighborhood* in which I originally settled. I have also been satisfied, from the statements and evidence furnished me by Dr. J. J. Robertson, that although he has not had a general practice in my neighborhood, he has made over twenty professional visits in the vicinity of my location within the past six years, a fact of which I had not been apprised at the time my late pamphlet was published.

In issuing this card to the profession and the public, I am impelled

by no other motive than a desire to render strict justice to all the parties concerned, and therefore feel bound, under the circumstances, as an honorable man, to withdraw all offensive language I may have used in my pamphlet, or elsewhere, touching this controversy, either towards Drs. Robertson and Andrews, or towards Dr. F. M. Robertson, of Charleston.

I respectfully submit this statement to the profession and the public, with the single additional remark, that it is regarded by all the parties as an amicable and honorable termination of this entire controversy.

*Raysville, Ga., Oct. 14th,* 1851 H. A. Ramsay.

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Charleston, S. C., Oct. 31st, 1851.

*Dear Doctor:*—Since you handed me the two letters of Dr. H. A. Ramsay to yourself—one dated Sept. 1st, the other Oct. 1st, I have received "a card"—issued by the same gentleman—dated Raysville, Ga., Oct. 14th, 1851, one of which I presume has been sent to you also.

As circumstances growing out of Dr. Ramsay's published defence of August last, and his private correspondence with numerous persons, have drawn me into personal issues with certain parties, which are yet unadjusted, I deem it but just to Dr. Ramsay, as well as due to my own position, to make the following remarks, which will prevent misunderstanding in future.

1st. The card alluded to, was unsolicited by me, but voluntarily tendered by Dr. Ramsay. Nor was the disclaimer, of its author, of imputing "*unworthy or improper motives*" to me, for the course which I thought it my duty to pursue in relation to his obstetrical statistics; or the withdrawal of "*all offensive language in his pamphlet or elsewhere,*" in regard to myself, the result of any correspondence or explanation on my part, either *directly* or *indirectly*.

2. Desiring still, as stated in my note to you, of the 28th of June, published in my circular of July last, to "throw no impediment in the way of his doing himself ample justice in the matter complained of," I now accept the card as an honorable amend for the imputations against my motives, and his personal abuse, and consider it, so far as I am concerned, a final termination of the personal difficulty between Dr. Ramsay and myself.

3d. In as much as the collateral issues in which I have been involved, (by no act of my own however,) with the editors of certain medical periodicals, in relation to the merits of the "Obstetrical Statistics," are yet unsettled, I hold myself perfectly free, until they are satisfactorily arranged—in case it becomes necessary to my defence—to discuss the professional merits of the points of difference, without its being considered a violation of my acceptance of Dr. Ramsay's card.

4th. If the question should be introduced into the American Medical Association, at its next meeting, as has been intimated from certain quarters, I reserve to myself the privilege claimed in the preceding paragraph.

Having thus set forth my position, that it may be clearly understood by all parties, I remain very truly and sincerely,

Your obedient servant,

Dr. H. W. DeSaussure, F. M. Robertson.
Sect. A. M. A., Charleston, S. C.

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## MEDICAL NEWS.

Organization of the Kentucky State Medical Society.—The physicians of Kentucky met at Frankfort, in that State, in Convention, on the first of October last, and adopted a constitution for the formation of a State Medical Society. The first annual meeting of the State Medical Society of Kentucky was subsequently held, and the following gentlemen were elected officers for the ensuing year: *President*, Dr. W. L. Sutton, of Georgetown; *Vice Presidents*, Drs. W. S. Chipley, of Lexington, and J. Dudley, of Nicholasville; *Recording Secretary*, Dr. W. C. Sneed, of Frankfort; *Corresponding Secretary*, Dr. R. J. Breckinridge, Jr., of Louisville; *Treasurer*, Dr. R. W. Glass, of Shelbyville; *Librarian*, Dr. B. Monroe, of Frankfort. Various standing committees were appointed, and the city of Louisville was fixed upon for the holding of the next annual meeting of the Society, on the third Wednesday in October, 1852.

Delegates to the National Medical Convention from Chester county, Penna., to meet at Richmond in May next: Doctors A. H. Gaston, W. Worthington, J. B. Brinton, W. D. Hartman and S. Harvey.

Appointment.—Dr. Pereira has been appointed Physician to the London Hospital, in the room of Dr. Frampton.

The Quarantine Congress at Paris.—It is to be hoped that the labors of the eminent men whom some of the European States have sent to Paris, to frame laws and regulations regarding Quarantine, in keeping with the scientific views of the present age, will have a satisfactory result. The congress has been assembled for the last two months, and is composed as follows: Austria, Dr. Meni, chief physician of the province of Dalmatia, author of several esteemed works; Tuscany, Dr. Betti, Professor of Surgery at Florence, and for a long time at the head of the sanitary affairs of the country; Naples, Dr. Carbonaro; England, Dr. Sutherland, whose knowledge of sanitary matters we need not dwell upon; Genoa, Dr. Bò; Greece, Dr. Costi.

Professor Gorini.—This gentleman, who is professor of natural history at the University of Lodi, made lately in London, before a circle of private friends, a very remarkable experiment illustrative of his theory as to the formation of mountains. He melts some substances, known only to himself, in a vessel, and allows the liquid to cool. At first it presents an even surface, but a portion continues to ooze up from beneath, and gradually elevations are formed, until at length ranges and chains of hills are formed, exactly corresponding in shape with those which are found on the earth. Even to the stratification the resemblance is complete, and M. Gorini can produce, on a small scale, the phenomena of volcanoes and earthquakes. He contends, therefore, that the inequalities on the face of the globe are the result of certain materials, first reduced, by the application of heat, to a liquid state, and then allowed gradually to consolidate. In another and more practically useful field of research, the learned professor has developed some very important facts. He has succeeded, to a most surprising extent, in preserving animal matter from decay, without resorting to any known process for that purpose. Specimens are shown by him of portions of the human body which, without any alteration in their natural appearance, have been exposed to the action of the atmosphere for six or seven years; and he states that, at a trifling cost, he can keep meat for any length of time, in such a way that it can be eaten quite fresh. The importance of such a discovery, if on a practical investigation it is found to answer, will be more readily understood when it is remembered that the flocks of sheep in Australia are boiled down into tallow, their flesh being otherwise almost valueless, and that in South America vast herds of cattle are annually slaughtered for the sake of their hides alone.—*Lond. Med. Times.*

Obituary.—Dr. Roe, Deputy Inspector General of Hospitals, Madras, who died there on the 4th of Sept., from the effects of an accident, entered the medical branch of the army in 1808. He served in the battle of Corunna, and in the expedition to Walcheren in 1809. From 1811 to 1814, he served in the Peninsular war, and had received the silver war medal with ten clasps, for his active services on the following occasions: at Corunna, Albuhera, the seiges of Ciudad Rodrigo and Badajos, the battles of Salamanca, Vittoria, Pyrenees, Nivelle, Orthes, and Toulouse.

M. de Savigny, Member of the Academy of Sciences of Paris, has just died at Versailles, at an advanced age. M. de Savigny had acquired much celebrity by his scientific labors during the campaign of Egypt, and by his investigations on the anatomy of insects, crustaceæ, &c.

# RECORD OF MEDICAL SCIENCE.

## PATHOLOGY AND PRACTICE OF MEDICINE.

*On the Treatment of Obstructions of the Bowels.* By EDWARD WELLS, M. D., Oxon.—In some preliminary remarks, the author informs us that it is not his object to treat of intestinal obstructions from causes external to the tube, as tumors, &c., nor of obstruction arising from internal causes, as hardened fæces, neither of those cases which originate in hernia. The cases which he has in view are those which have no demonstrable cause of the obstruction, such as in the following supposed case: You are called to a patient, who informs you that he has had no proper relief from the bowels for the last seven or eight days, that he has been to the druggist, and taken black dose upon black dose, pill upon pill, and that they are all in him, and he wants to know what he is to do next. He tells you further that it is true he has been to stool once or twice, or perhaps oftener during the time, that he has perhaps on each occasion passed something, but he is sure it is not what he ought to have passed. In short, to use his own expression, although he has occasionally had a scanty evacuation, he is convinced that "*nothing has gone through him.*" Upon examining the abdomen, you find some distension around the umbilicus, with a degree of tenderness on pressure. This last symptom varies from that slight shade in which the patient can hardly say whether the pressure relieves his pain or not, up to decided tenderness at the least touch. In mild cases the patient will tell you he feels very well, excepting the obstruction, but the knowledge of its existence makes him very uncomfortable. In other cases there is some degree of sickness conjoined, merely perhaps occasioned by the purgative draughts. In severe cases the sickness is more permanent, mucus or bile being rejected from the stomach. In such instances we should expect the tenderness on pressure over the bowels to be greater, though still not in any degree approaching to what occurs in peritonitis. There will also be a rumbling of flatus in the intestines, and the patient will say he feels the wind pass downwards to a certain point and then stop. All this time the pulse is not perhaps accelerated, it is generally weak; the tongue is moist and often clean; the urine, provided the obstruction is not situated high up in the bowels, is not necessarily affected, though generally high colored.

Under these circumstances, and especially in the milder cases, the first thing perhaps that you do is to order a large enema to be thrown up. It is found to traverse the large intestine easily; the patient assures you that he feels it go as far as the ilio-cœcal valve, and after a short time it returns without any tinge of fœcal matter. The obstruction is not in any part of the colon, but somewhere in the small intestine.

What treatment should then be adopted? In the severe cases, where there is pain upon pressure, distension of a portion of the intestine, a rumbling of flatus, and frequent vomiting, it will be said that the line of

treatment is easily chalked out; that, whatever the cause of the obstruction, we have inflammation superadded; and that our treatment must be directed to subdue the latter. This is quite tru ; and in such well-marked cases I did not think there would be much chance of the case being misunderstood. But we must remember that these severe instances of the disease are only the consequences of a continuation and aggravation of the symptoms of its milder forms. We must not forget that the most simple case of obstruction is liable to run on into a fatal form, if, with a view of obtaining an action of the bowels, we are incautious in the prolonged use of irritating medicines. Finding that the patient's chief discomfort arises from the fact of the bowels not acting, that he professes himself as feeling otherwise well, we are, perhaps, rather too liable to fall in with his own fancies, and just give him one more dose.

Now, in these cases what ought we to do? In the first place, abstain entirely from all purgative medicines. It will be much better to err in not giving sufficient aperients, than to err in giving too much. The first thing to do is to compose the patient's mind by informing him that there is no hurry for the bowels to act; that if he waits patiently, they will be sure to act in time; to tell him instances of persons who have gone a long time without any action of the bowels, and have done well.

Next, in these cases of obstinate obstruction I have great faith in the lancet, where it can with safety be used. It has seemed that a slight degree of faintness produced by bloodletting has acted very beneficially in removing the exciting causes of the obstruction, probably by the general relaxation which the faintness itself occasions. By putting the patient in an upright position and bleeding him until he begins to feel slightly faint, I think we are quite safe not to do him any harm. If he is of a weak, nervous temperament, a very few ounces will produce the desired effect. If he be strong, he will afford to lose more. Where, however, the debility of the patient forbids the use of the lancet, it will be as well to apply leeches around the umbilicus. These act, probably, by relieving the local congestion, which is either the cause or the effect of the obstruction.

These measures premised, the safest plan is, I think, to put the patient upon repeated doses of calomel and opium. Even if inflammation be totally absent, the exhibition of these two drugs is likely to be attended with the best effects. The opium soothes the bowels already irritated by the repeated cathartics: it allays the over-excited peristaltic action; it relaxes any contingent spasm, and quiets the patient's mind. To effect these objects, it must be administered in sufficient doses—such as gr. ½ to gr. j. every four hours. The calomel, by improving the secretions, and exciting the action of the liver, tends to remove the cause of the obstruction. And if this happen to depend upon a partial enteritis, the combined action of these two medicines would hold out the best hopes of a successful treatment. If the calomel be sufficiently guarded by opium, there is not, I think, any fear of its producing any serious irritation of the bowels.

While using these remedies I should be in no hurry to accelerate the action of the bowels by aperients. I should rather wait until they begin to act of themselves, as they generally will; and then, provided no inflammatory symptoms were present, there would be no objection to administer a dose of castor oil to aid their propulsive efforts. In these cases it is also better to delay the administration of aperient enemata until the bowels are acting themselves. Previously to this they appear to add rather to the patient's discomfort, probably by the distension they occasion in the large intestine, which re-acts upon the parts already distended by the obstruction.

When there is no tendency to sickness, it is better to allow the patient to take food, in the shape of gruel, by the mouth. It prevents that sense of sinking which he often experiences, and it probably acts in some degree mechanically in propelling the contents of the intestinal tube.

In those severe cases, where there is frequent sickness, with pain in the bowels, and a rumbling of flatus, the above measures will be still further indicated. But there will also be other things which it will then be necessary to atttend to. In these cases it is of great importance to abstain from giving any food by the mouth for some days. A teaspoonful of cold water should be put into the mouth from time to time to allay the patient's thirst. His support should be entirely entrusted to beef tea injections. It is proved that these are sufficient to maintain the strength for some time—at any rate, for a period sufficient to allay the irritating symptoms, which forbid the exhibition of food by the mouth. This part of the treatment I am inclined to consider of the highest importance; for as long as food is continued to be administered by the mouth, and is rejected by vomiting, there will be little chance of aresting the inversion of the peristaltic action of the intestinal tube. The nutritive enemata should be of small bulk, not exceeding at the outside a quarter of a pint; otherwise, they will not only be retained, but they will add to the patient's sufferings. They should be administered at regular intervals of four hours. When there is much rumbling of the intestines, or when there is a difficulty as to the retention of the injections, it is advisable to add to them a certain proportion of laudanum.—*Lon. Med. Gaz.*

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*Lemon-Juice in Acute Rheumatism.* Dr. BABINGTON of Guy's Hospital, London, reports in the London Lancet, 8th November, 1851, several cases of acute rheumatism, treated with lemon-juice, in which "he found it answer the most sanguine expectations." "The lemon-juice which Dr. Babington employed was procured from a wholesale confectioner, the price being no more than sixpence per pint, when retailed in small quantity, and considerably less when furnished by the gallon. When Dr. Babington commenced making trials of the lemon-juice, he prescribed it according to the recommendation of Dr. Owen Rees, in doses of from one to two ounces, three times a day, for an adult. More recently however, he had ordered not less than three ounces, and much more—usually six ounces—taken at a draught, and without any admixture, three times a day. It might be supposed that the patient would find some

difficulty in drinking so large a quantity of such a sour liquid, but this is rarely the case; nor does it in general produce tormina, nor otherwise disagree with the alimentary canal. Instead of relaxing the bowels, as might have been expected, it renders them somewhat costive, so that it not unfrequently becomes necessary to exhibit an aperient. The juice produces no very decided effect upon the kidneys, merely tending by its quantity to promote their secretion. It increases cutaneous action, but to what extent it is difficult to determine, because in rheumatism, a disease in which this remedy is chiefly useful, the complaint itself is marked by the occurrence of profuse perspiration. The only unequivocal effect which uniformly takes place is a diminution in the number and power of the pulse, and of the heart's action. Whether it alters the character of the blood, or whether it affects the heart by diminishing nervous influence, Dr. Babington has not had an opportunity of determining."—*London Lancet.*

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*Case of Lead Palsy, resulting from the use of Soda-Water, contaminated with Lead.* Dr. D. MACGIBBON, of the Charity Hospital, N. O., reports in the N. O. Medical and Surgical Journal, for November, 1851, a very well marked case of lead colic, followed by severe paralysis, which was attended with *blueness of the gums*—the pathognomonic sign of the presence of lead in the system—and was clearly traceable to lead taken in soda-water. "The patient kept a small store in Camp, near Julia street, in which, since the warm season commenced, she kept soda water for sale. The fountain had leaden tube attachments to it for drawing off the fluid; and on an average only one fountain of soda water was used in a week on the premises, thus leaving its contents a sufficiently long time for the free acid to act on the leaden pipe, and also for a portion of the carbonate of lead thus formed, to be diffused throughout it. She was usually in the habit, when she arose in the morning, of drawing off a glass of this beverage and drinking it; the first portion which escaped she always threw away, having heard somewhere that this was not proper to be drank. She also throughout the day would usually drink two or three more glasses of this, which was about the amount she consumed according to her own account."

Dr. M. states that "lead has, in many instances, lately been detected by the most conclusive chemical tests, in the soda water sold in N. Orleans, and that too, where less favorable circumstances prevailed than above," and he has no doubt of the saturnine origin of the case described.

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## MATERIA MEDICA AND THERAPEUTICS.

*Medical Properties and Uses of the Cimicifuga Racemosa.* By E. M. BRUNDIGE, M. D.—As an article of the Materia Medica, this plant is of comparatively recent introduction, and its medical properties seem hitherto to have been imperfectly investigated. Mild tonic virtues have been ascribed to it as well as the property of exciting the secretions of the skin,

kidneys, and bronchial tubes. Emetic and cathartic operations are likewise said to have been produced by it, but I have never observed these effects; perhaps, because my doses have been too small, or the preparation chiefly used has been the alcoholic, and not the proof spirit tincture. Alcohol takes up from this root very little coloring matter, and perhaps it rejects something upon which its emetic properties depend. But of its narcotic principle it is a perfect solvent. The therapeutical effects that have been ascribed to this, in my opinion, would receive a ready solution on the supposition that it acts only as a narcotic. That it possesses this property to a considerable degree, can scarcely be doubted. It is a stimulant narcotic, in over doses producing vertigo even to falling, from which the patient soon recovers. When any tendency to cerebral plethora exists, it is one of the worst remedies that can be used, never failing to increase headache and vertigo. In the diseases depending upon innervation, it is one of the best remedies. It is a very prompt and efficient remedy in many cases of atonic and irritable dyspepsia, in doses of grs. x of the powder three times daily. If it has proved decidedly useful in pulmonary cases, as has been asserted, it has probably been when the lung affection depended on irritation in the digestive organs. Its curative effects in subacute and chronic rheumatism are unquestionable. In the treatment of this complaint, as well as in neuralgia, it is often advantageous to combine with it as much colchicum as may be required to keep up sufficient action of the bowels. The tincture of hyoscyamus has been added with happy effect in cases of rheumatism, attended by unusual pain and irritation. A liberal application of the tincture to the surface, both in rheumatism and neuralgia, has been found very useful. Internally, the powder should be administered in grs. xx doses, three or four times a day. The quantity may be increased if necessary. In chorea, I have not seen it tried, but should expect it to exert a controlling influence. Parturient properties have been ascribed to it, and not without cause. As a means of increasing uterine action, it is far less energetic than ergot, but often a better remedy, since the energy with which ergot acts is frequently an objection to its use. In cases requiring but moderate aid, a teaspoonful of the tincture, given for two or three successive half hours, will, in a short time, excite steady and efficient action, which usually lasts till delivery. As a means of detecting false labor pains, it is very valuable, as it soon arrests them, restoring to the patient comfortable and healthy feelings. The frequent vomiting often so annoying in parturition is immediately relieved by it, while the uterine action is increased.

The foregoing are, I believe, about all the purposes for which this article has been used, and are of themselves of sufficient importance to establish its character as a remedial agent. I am now about to present it in a new and far more interesting light, and to state facts to show that, in the treatment of one disease at least, it posesses most extraordinary powers.

I have been accustomed to see this remedy applied to the inflammatory diseases of the eye of the horse, as well as to inflammations in other parts, from early youth, with the most complete success, the inflammation

subsiding in from twenty-four to forty-eight hours. In these cases, the decoction was used, the parts being kept constantly wet with it. Dr. Close, of Portchester, with whom I studied, first applied it to the human eye, and to him I am indebted for valuable statistics.

Ophthalmia, in its various stages and degrees, but especially in its recent and acute form, is the disease over which the cimicifuga has been found to exert an influence so decisive and so prompt, as to establish for it a claim of superiority over every other mode of treatment. By the application of two or three drachms of the tincture to the region of the eye, the disease has been overcome in twenty-four hours. Cures just as prompt and complete have often been made, not rarely and in a few equivocal cases, but constantly, as often as the disease has occurred; and in its most aggravated forms. This has been done unaided by any other means, not even by a purgative, but solely by the application of this simple and apparently trivial remedy. To secure a result so desirable, a saturated alcoholic tincture of the dried root is indispensable. A weaker tincture will not succeed unless the quantity is considerably increased, and then the stimulus of the alcohol in sensitive persons is sometimes so great as to increase the disease, and thus prevent a cure. The proper quantity to be applied, when the inflammation is confined to one eye, is a drachm, and twice the quantity when both eyes are affected. It should be applied slowly and cautiously with a pencil brush, the eyelids being closed so as to prevent, as far as possible, the liquid penetrating between them. Should this occasionally happen, the temporary smarting will not be followed by any unfavorable effect. The brush, when first charged, should be applied to the edge of the hair, at the greatest distance from the eye, passed entirely around it, approaching nearer as the fluid becomes exhausted, and finishing over the eyelids. This course should be repeated until the liquid is all applied, suspending the process now and then to afford the skin time to dry. The application should never be hurried, nor the surface to which it is applied too limited, but should comprise the forehead, temples, superior maxillary region, sides of the nose and eyelids. Its application to so extended a surface is necessary, that all the nerves around the eye may be brought under its influence, and through their action on the blood-vessels, the circulation of the inflamed organ be restored to its normal state. In recent and not very severe cases, one application is sufficient, but in more aggravated cases, it should be repeated after a lapse of two or three hours, and occasionally may be required the second day. In chronic cases the application must be repeated for several successive days, although cases of five weeks' standing have yielded to a single application. In very old and especially chronic cases, the power of the remedy has been greatly enhanced by being used in conjunction with the ointment of iodide of potassium, the tincture being applied first, and the ointment immediately after. In cases attended with unusual pain and irritability, the addition of sulph. morph. grs. iv. or v. to the ℥j of the tincture will be found very useful. When the skin about the eyelids is very red and sensitive, with a tendency to excoriation, so that from the stimulus of the alcohol the application can scarcely be borne, dissolving

tannin grs.vii. to xii. in the tincture will immediately obviate the difficulty. The class of cases in which this remedy shows the most marked effect, is that in which the disease is of an acute form attended by great pain and intolerance of light. The first case to which this treatment was applied, was that of a little boy, who was lying in a darkened room with his eyes firmly closed, and unable to open them. On a forcible inspection, the sclerotic coat was seen gleaming through a flood of tears of a fiery red color. Extreme reluctance to submit so young a child to the usual treatment, induced the practitioner to try the tincture of cimicifuga, having previously witnessed its curative influences in some other forms of local inflammation. It was accordingly applied in the manner above described, and repeated in the afternoon. On calling the following morning, the mother of the little boy was leading him about the yard, his eye entirely cured. Results as striking as this have followed every case when a proper application has been made. I have never yet failed in a single case. Dr. Close, in a practice of five years, gives only one case in which the disease resisted its influence, and that yielded to the remedy after the usual depletory treatment, and in the village where he resides numerous cases occur.

In the purulent form of ophthalmia, but one opportunity has occurred in which I have applied it. Four cases occurred in a family, contracted from a colored girl who came among them, partially cured, from Bellevue Hospital. Three of these yielded, in about a week, to the daily application of the tincture. The fourth was very obstinate, confining the patient to a dark room for three or four weeks, but gave way at last to blisters to the back of the neck, and quinine internally. During the whole of this period the pain and suffering were greatly relieved by the external application of the tincture, applied at any time when the pain became more aggravated.

Should any of my medical brethren be induced to try this mode of treatment, I must insist upon the observation of the precautions above pointed out, both as to the strength of the tincture and the mode of applying it, and I would especially caution them against leaving the application to the patient or his friend. A properly prepared tincture must be used, the root having been gathered within six months.

A case of neuralgia successfully treated by cimicifuga, will close my observations on the use of this article. A young lady had been suffering for more than two years with this disease in the third branch of the fifth pair, for which, early in the disease, a sound molar tooth had been extracted, because the pain always concentrated there. The pain continued to return in daily paroxysms. The usual treatment was resorted to with but slight relief. The last article used was the tincture of the cimicifuga, in doses of a drachm, three or four times a day internally, the same being applied externally, about the same number of times. In three weeks the pain had entirely ceased. Thirteen months afterwards, it returned on the opposite side of the face, and was effectually removed in a few days by the same treatment, no return of the disease having occurred for the last three years.—*N. Y. Medical Gazette.*

## SURGERY.

*Nitrate of Silver in Leucorrhea.*—Dr. N. B. Anderson, of Louisville, Ky., strongly recommends the application of the solid nitrate of silver to the cervix uteri, and adjacent parts—by means of the speculum—as the true remedy for leucorrhea. Dr. Anderson urges, with much force, the necessity of resorting to the speculum, as the only means of correct diagnosis or treatment, in leucorrhea. He has found that the disease is, almost invariably, connected with an ulcerated condition of the neck of the uterus, and he believes that astringent injections are very *inefficacious* in reaching the seat of the disease, which requires the application of solid caustic. He gives the following account of his experience and practice.

"In the course of the last year I have had an opportunity of treating forty-one cases of leucorrhea, and the results have been so satisfactory that I feel justified in submitting my experience to the profession. I am sure that no physician, after trying the improved method, will ever be satisfied to return to the old practice of tonics and astringent injections. Not that tonics are not useful in their proper place. I have found them highly beneficial in many cases, but they are to be looked upon as adjuvants to the main remedy—the nitrate of silver locally applied. So long as the morbid condition giving rise to the unhealthy secretion continues, constitutional remedies are of no avail. The cause must first be removed, and at a knowledge of this, as has already been remarked, we must arrive by means of the speculum.

"In nine cases out of ten which have come under my treatment, I have found no difficulty in obtaining the consent of the patient to the use of the speculum: the woman is then placed in a horizontal position on a lounge or bed, the hips elevated higher than the head; a loose sheet is thrown over her person, in which is an aperture sufficient to admit the speculum; (that which I use is glass;) it is well lubricated, and then insinuated as far as possible into the vagina, following the axis of the pelvis;—the os uteri readily descends into the mouth of the instrument, inclining backwards and downwards, which, by depressing the handle, will remain in the centre of the instrument. In this position, before a window, or with the use of a candle, the organ can viewed to its full extent, and the ulcerated surface found. In nearly every case it presents the same appearance. The neck is found flabby, swollen, and of a pale red and bluish cast—the anterior and posterior lips being much elongated, with the greater portion of the neck ulcerated to some extent. In about one-half of the cases, the ulceration is within, as well as without the neck, and extends some distance into the cavity of the uterus; whilst in the remaining half, it is limited to an area of one-third of the neck, and anterior and posterior lips, the cavity not partaking of the ulceration. In every case, the ulcerated surface is to some extent the same, with but little sensibility about the parts; no pain is ever felt on applying the caustic freely, both around the neck and within the uterine cavity, for the mouth is always open sufficiently to admit of its introduction.

"In the first place, the parts are cleansed with a soft sponge attached to a whale-bone handle, in mop shape, after which the nitrate of silver, in the solid form, is applied very freely to every part diseased. This operation is repeated according to indications, from three to seven days apart, and during the interval, cold water injections several times a day are to be used conjointly with tonics. In some cases I have used the speculum as often as ten times, but in the great majority of cases, it is not necessary to resort to it often.

"Those cases in which the ulceration was seated within the neck and cavity of the uterus occurred in weakly females, who had borne a great number of children, and some with the aid of forceps. In unmarried ladies, it was always seated on the external parts of the neck, and the anterior lip. In the cases in which the cavity was implicated, the free use of the silver was not found to have interfered in the least with the catamenia.

"In almost every case where a female does not bear children, I have found fluor albus to be present;—unquestionably this disease is a frequent cause of sterility; the ulceration of the neck and cavity interfering with the intromission of the semen, which passes away with the profuse discharge."—*Abridged from Western Jour. Med. and Surgery.*

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*A fluid recommended as a Preservative from Syphilis.*—M. Langlebert lately stated to the Academy of Medicine of Paris, that he had discovered a compound which, judging from the success of his experiments, would effectually preserve from syphilis. The following is the formula: Alcohol, one ounce and two and a half drachms; soft soap with stripes and prepared with potash, the same quantity; dissolve and strain, then add essential oil of lemon, five drachms. M. Langlebert mentioned the following experiment:—

He took purulent matter from a chancre with a hard base, and inoculated the left thigh of one of his pupils, who had volunteered his services. On the other thigh the inoculation was performed in a different manner: the lancet dipped in the same pus was made to scrape the skin and make it *raw*, so as fully to ensure absorption; after five or six minutes the preservative fluid was applied on this right side, and this was repeated three or four times. The usual effect was the next day perceived on the left thigh, but the right, where the prophylactic fluid had been applied, presented only a thin and dry crust. On the third day, the pustule on the left thigh was cauterized with strong nitric acid. A public experiment has since been made upon two other pupils, who had requested the *favor*, as well as upon M. Langlebert himself, and the success was complete. M. Ricord is to report upon this new prophylactic.—*London Lancet.*

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